

Authorization to Release Form
Barton Day Camp Summer 2018

Camper's Name: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child is attending:

◇ The Rainbow Club - Greenwich, CT

 ◇ I will be on camp for the parent program the whole week.

 ◇ I will be on camp the following parent program days: _____

 ◇ I will not be on camp.

◇ Worcester Day Camp - North Oxford, MA

◇ Danvers Day Camp - Danvers, MA

◇ Long Island Day Camp—Week 1 - Old Westbury, NY

◇ Long Island Day Camp—Week 2 - Old Westbury, NY

Please list the names and relationship of three people **other than yourself** who may pick your child up from camp if you are unable to. In addition, please let us know if your child is familiar with the person listed. **A picture ID is required for camper's release to all.**

Name:	Relationship:	Contact Number:	Known by child:
_____			Yes/No
_____			Yes/No
_____			Yes/No

Please list **ANY** person who may try to pick up your child from Barton Day Camp without your authorization. Should an unauthorized person attempt to pick up your child, a telephone call will be made from the Barton Day Camp Staff immediately to the parent/guardian. **The child will not be released from staff without parent/guardian written permission.**

Parent/Guardian Signature: _____ Date: _____