Authorization to Release Form
Barton Day Camp Summer 2020

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—— 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

Name: __________________________ Relationship: __________
Contact Number: __________________________ Known by child: Yes/No

Name: __________________________ Relationship: __________
Contact Number: __________________________ Known by child: 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: __________________________