

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
_____			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: \_\_\_\_\_