

Authorization to Release Form
Barton Camp Programs Summer 2024

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:

___ Clara Barton Camp & Camp Joslin Coed Camp

___ Vermont Overnight Camp

___ Adventure Program

Day Camp

___ Danvers Day Camp – Danvers, MA

___ Worcester Day Camp – North Oxford, MA

___ Long Island Day Camp – Old Westbury, NY

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

Parent/Guardian Signature: _____ Date: _____

RETURN TO:

The Barton Center for Diabetes Education, Inc.
P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537
Tel: (508) 987-2056 www.bartoncenter.org