

CAMPER PICK-UP FORM

PHONE: 603-539-3223 X 221 / FAX: 603-539-3385



Camper Name: _____

Date leaving camp: _____

Parent/guardian who may pick up camper: _____

Other people who may pick up my child (please list at least 2 other names other than parents):

1) _____

2) _____

3) _____

4) _____

5) _____

I authorize any of the above persons and individuals listed as emergency contacts on the Health Form to pick up my child.

Parent/Guardian Signature: _____

My child will be picked up at camp

My child will be picked up at the Bus stop in:

Newington, CT Vernon, CT Worcester, MA Waltham, MA

SPECIAL NOTE:

The following person is **never** authorized to pick up my child:

Name: _____

*Please attach copies of any court papers or documents related to custody rights of parents/guardians.