EduAdventures Summer Day Camp
Child Pick-Up Authorization and Emergency Contact

In case of an emergency the following people may be contacted.

**Emergency Contact Information**  
*(Can be another parent/guardian)*

Name: ____________________________________________  
Phone #: ________________________________
Relation: ____________________________

**Emergency Contact Information**  
*(Other than parents/guardians)*

Name: ____________________________________________  
Phone #: ________________________________
Relation: ____________________________

Permission is granted for the following people to pick up my child(ren) from the EduAdventures Summer Day Camp. Parents/Guardians listed on the registration form will automatically be on the list unless noted otherwise. Any changes or additions to this form **must be made in writing or via email** from the email address listed on the registration form prior to EduAdventures allowing your child(ren) to leave with someone other than those noted on the form.

Name: ____________________________________________  
Phone #: ________________________________
Name: ____________________________________________  
Phone #: ________________________________
Name: ____________________________________________  
Phone #: ________________________________
Name: ____________________________________________  
Phone #: ________________________________
Name: ____________________________________________  
Phone #: ________________________________
Name: ____________________________________________  
Phone #: ________________________________

**Parent or Guardian’s Name:** *(please print)* ________________________________  
**Date:** ____________

**Parent or Guardian’s Signature:** ________________________________  
**Date:** ____________

**Child(ren)’s Name:** *(please print)* ________________________________

**Comments:**

All forms must be completed and returned by June 15.