



Camper Drop-Off and Pick-Up Authorization Form

Who will pick up and drop off your son or daughter? Please list all possible persons, including yourself. Campers cannot be received from or released to anyone not on this list without verbal and written permission of the authorized parent/guardian.

I authorize the following to pick up my son/daughter, _____
(first and last name) from Joy of Living Camp at the camp location or designated transportation stop.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

Signature

Authorizing Parent/Guardian

Boxes below this line will be completed at time of drop-off or pick up.

DROP-OFF

| | |
|-----------------------|--------------------|
| Date: _____ | |
| _____ Printed Name | _____ Signature |

PICK-UP

| | |
|-----------------------|--------------------|
| Date: _____ | |
| _____ Printed Name | _____ Signature |