



AUTHORIZED PICK-UP FORM

**BECAUSE K-CAMP STUDENTS ARE RESTRICTED FROM WALKING HOME ALONE,
AN ALTERNATIVE AND AUTHORIZED PICK-UP PERSON IS REQUIRED.*

K-CAMPER'S NAME: _____

AUTHORIZED PICK-UP INFORMATION:

NAME: _____

PHONE: _____ C H W

RELATIONSHIP: _____

NAME: _____

PHONE: _____ C H W

RELATIONSHIP: _____

***THE AUTHORIZED PICK UP PERSON MUST SHOW ID UPON PICK UP**

PARENT/GUARDIAN SIGNATURE:

DATE: _____