

ROBERT STONE
DIRECTOR



SALLY L. SCHLEIFER
ASSISTANT DIRECTOR

PERMISSION TO PICK-UP FORM:

YOUR CAMPER'S NAME(S):

1. _____
2. _____
3. _____
4. _____

I, the undersigned, give permission for my child/children (listed above) to be picked up from camp on any given day by the following person(s):

****Please include your name, as well as your spouse's name on the first line.****

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that my child/children will NOT be released to anyone not listed above under any circumstances without prior written authorization.

Parent or Guardian Name - Please PRINT

DATE: _____

Parent or Guardian Signature

American Heritage Summer Day Camp