

**Winfield Park District – Day Camp
Parent/Legal Guardian Information
Authorization for Pick-Up**

Child's Name: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name of Mother/Legal Guardian: _____

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Work Hours: _____

Name of Father/Legal Guardian: _____

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Work Hours: _____

AUTHORIZATION FOR PICK-UP

Please list other individuals who are authorized to pick-up your child. The individuals will also be called in the event of an emergency if the parent(s) cannot be reached. A photo ID will be required for these individuals when picking up your child.

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

I do hereby authorize the Winfield Park District – Summer Camp to release my child to the above listed people in the event I am unable to pick him/her up myself. I release the Winfield Park District – Summer Camp from any and all responsibilities for problems that may develop when such persons take my child from the park district premises.

Signature of Parent/Legal Guardian

Date