



UNIVERSITY OF THE INCARNATE WORD
Pick-Up Authorization Form

Participant's Name: _____

Name of Program or Camp: _____

Dates of Attendance: _____

The following person(s) has permission to pick up my child from University of the Incarnate Word Summer Camp/Program:

<u>Name</u>	<u>Telephone Number</u>
_____	_____
_____	_____
_____	_____

I understand this form gives permission for the above-named person(s) to pick-up my child from the Program or Camp listed above. I understand that if someone other than the authorized person(s) will pick-up my child, I will notify the Camp/Program Director in writing in advance of scheduled pickup.

Parent/Legal Guardian Name: _____ Date: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Telephone Number: _____

Alternate Phone Number: _____