

**YMCA Camp Ockanickon Inc.  
Lake Stockwell Day Camp  
2008 Authorization For Child Release**

YMCA Camp Ockanickon, Inc. requires that parents provide a list of authorized persons who may pick-up their child from the Lake Stockwell Day Camp Program. The names of authorized persons must be on file with the Camp's Business Office prior to your child's attendance. Only authorized persons will be permitted to pick-up children from the camp or the bus stops. **Parents - please do not forget to list yourself on this form.** When someone on your authorization form will be picking up your child, a note to the Program Director is helpful in expediting the pick-up process. Additions may be made during the child's session by completing an additional form.

**We WILL NOT release campers to an individual not authorized to pick up the camper.  
We WILL NOT drop off campers at a bus stop if there is no one there to meet them,  
or if the individual waiting there is not authorized to pick up the camper.**

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Please check all sessions attending.

Ses 1     Ses 2     Ses 3     Ses 4     Ses 5     Ses 6     Ses 7     Ses 8     Ses 9     Ses 10

Please check one of the following boxes:

- I will drop off and pickup my child from camp. (Fill out the **Authorization Form for Child Release** below.)
- I will drop off and pickup my child from a bus stop. I have registered for this service and paid the additional fee. (Fill out the **Authorization Form for Child Release** below and indicate bus stop to be used. Refer to the bus schedule in this packet for stop numbers.)

Bus Stop to be used: # \_\_\_\_\_  
**Changing stops requires written notification in advance.**

I authorize the following individuals to pick-up my child from Lake Stockwell Day Camp or from the above designated YMCA Bus Stop.

**PLEASE ADD BOTH PARENTS if they are eligible to pick up.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand & agree that the YMCA Camp's staff may release my child at the end of the daily program only to the above named individuals. **\*Please list yourself as an authorized pick-up.**

I further understand & agree that the Camp Health Care Provider or designated staff member will administer any medications I send to camp with my child according to the medication policy in the Parent Handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_