

Kensington Summer Camp

Alternate Pick-Up Authorization Release Form

If in the event that I am unable to pick up my child, _____,
I authorize camp personnel to release my child to the individuals listed below.

1. Name:_____ Phone Number:_____

Address:_____ Relationship to Child:_____

2. Name:_____ Phone Number:_____

Address:_____ Relationship to Child:_____

3. Name:_____ Phone Number:_____

Address:_____ Relationship to Child:_____

Kensington Recreation has my permission to release my child to any of the people listed above, should I be unable to do so. Kensington Recreation Staff are required to view photo identification before releasing children to any adult.

Any changes will have to be submitted, in writing, to Camp Director at least 24 hours in advance.

By signing this document, I understand and agree to the terms listed above.

(Parent/Guardian Signature) _____ (Date) _____