

CHILD RELEASE AUTHORIZATION FORM

(Include self, spouse and older siblings is applicable)

Childs Name: _____ Age: _____

I give permission for the Marist College Summer Day Camp staff at the McCann Center of Marist College to release my child/children to the following individuals:

Name: _____

Address: _____

Phone Numbers: _____ / _____

Name: _____

Address: _____

Phone Numbers: _____ / _____

Name: _____

Address: _____

Phone Numbers: _____ / _____

I understand that under no circumstances will my child/children be released to individuals other than those listed above without my written authorization. I understand that I must include at least one local name and number for emergency purpose, other than immediate family members, in order for this form to be complete or my child will not be allowed to attend the camp.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date