

Child's Age: _____

Yarmouth Community Services

Pick-Up / Release Authorization Form

Child Name(s): _____

Parents/Guardians Names: _____

Authorized To Pick-Up Child(ren)

If there are people besides the parents/guardians listed above who have permission to pick up your child(ren), please list them here. **NOTE: We will only release your child to persons whose names appear below unless we have written permission to do otherwise. Please advise all authorized pick-up persons that camp staff may ask for photo identification.**

Please Print Names

Address

Not Authorized To Pick-Up Child(ren) At Recreation Program

Full Name	Do they know they cannot pick up the child?	Location of Legal Documentation on File

If someone is listed above, YCS staff will contact you for details and any special instructions should the person try to pick up your child(ren). All details and discussions will remain confidential.

Permission To Walk / Bike Home

I give the child(ren) listed above permission to walk or bike home at the end of the program.

Initial Here _____

Parent / Guardian Signature

Signature of Parent/Guardian

Today's Date