



Sunshine Kids' Club Summer Camp

2010 Emergency Pick Up Authorization Form

175 Klee Mill Road, Sykesville, MD 21784 (410) 549-0844

Please fill out form completely:

Name of Camper #1: _____	Birthdate: _____
School: _____	Grade in Fall: _____
Name of Camper #2: _____	Birthdate: _____
School: _____	Grade in Fall: _____
Name of Camper #3: _____	Birthdate: _____
School: _____	Grade in Fall: _____

Home Address: _____

Street/Apt. #	City	Zip
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Mother's Name: _____

Home#: _____ Cell#: _____

Driver's License #: _____ State: _____

Home Address: _____

Street/Apt. #	City	Zip
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Mother's Employer: _____ Work#: _____

Father's Name: _____

Home#: _____ Cell#: _____

Driver's License #: _____ State: _____

Home Address: _____

Street/Apt. #	City	Zip
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Father's Employer: _____ Work#: _____

IN EMERGENCIES REQUIRING IMMEDIATE ATTENTION, YOUR CHILD LISTED WILL BE TAKEN TO A HOSPITAL EMERGENCY ROOM BY AMBULANCE OR HELICOPTER. YOUR SIGNATURE AUTHORIZES THE STAFF OF THE GLP INC.SUNSHINE KIDS CLUB CAMP FACILITY TO HAVE YOUR CHILD TRANSPORTATED TO ANY HOSPITAL FACILITY.

Parent Signature _____ Date: _____

Please list below any additional names other than the names listed above, of authorized persons to pick up your child daily or occasionally throughout the summer. You must contact the Center in writing if this information should change. Removal of names must be reported immediately to the Camp Director in writing.

Last	First	Phone#	Relationship	License #

PARENTS, PLEASE PRINT USE BLACK INK AND PRESS HARD. AFTER FILLING OUT THIS FORM, PLEASE MAKE TWO ADDITIONAL COPIES AND SEND ALL THREE IN WITH YOUR PACKAGE. THE CAMP REQUIRES THREE COPIES OF THIS FORM.

COPY 1: SECURITY
 COPY 2: OFFICE
 COPY3: NURSE