



Sunshine Kids' Club Summer Camp

2011 Emergency Pick Up Authorization Form

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

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: _____

Name of Camper #4: _____ Birthdate: _____
 School: _____ Grade in Fall: _____

Home Address: _____

Street/Apt. #
City
Zip

Mother's Name: _____
 Home#: _____ Cell#: _____
 Driver's License #: _____ State: _____
 Home Address: _____

Street/Apt. #
City
Zip

 Mother's Employer: _____ Work#: _____

Father's Name: _____
 Home#: _____ Cell#: _____
 Driver's License #: _____ State: _____
 Home Address: _____

Street/Apt. #
City
Zip

 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 # |
|------|-------|--------|--------------|-----------|
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PARENTS, PLEASE USE BLACK INK! 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