



Sunshine Kids' Club Emergency & Pick Up Authorization Form

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 LIC# _____ STATE _____
HOME ADDRESS: _____
STREET/APT# _____ CITY _____ ZIP _____

MOTHER'S EMPLOYER: _____ WORK#: _____

FATHER'S NAME: _____

HOME#: _____ CELL#: _____
DRIVER'S LIC# _____ 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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LAST FIRST PHONE# RELATIONSHIP LICENSE #