

Camper Release Form

Camper's Name _____ Weeks attending _____

Parents/Legal Guardians Names _____

PHONE #s Home _____ Work _____ cell _____

In our absence I authorize Camp Wakeshma staff to release my child to either one of the following individuals who is known by my child.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (home) _____ Phone: (home) _____

(cell) _____ (cell) _____

Signature of Parent/Guardian

Date

Person(s) my child may NOT be released to:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

OFFICE USE ONLY

OUT: _____ IN: _____

OUT: _____ IN: _____

OUT: _____ IN: _____

LAST DAY SIGN-OUT: _____
(Signature of approved person)

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(Signature of approved person)

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(Signature of approved person)