The following people have permission to pick my child up from camp. Campers will not be released to anyone (other than parents/guardians listed above) without written consent.

1. Name __________________________________________ Phone __________________________________________

2. Name __________________________________________ Phone __________________________________________

Emergency Contact (other than the parents):

1. Name __________________________________________ Phone __________________________________________

2. Name __________________________________________ Phone __________________________________________

Child’s Doctor_________________________________________ Phone________________________

Child’s Dentist_________________________________________ Phone________________________

Please list any special medical or physical needs (i.e. Allergies, ADHD, etc.):

____________________________________________________________________________________________

____________________________________________________________________________________________

I (sign name), __________________________________________ authorize the Currier Museum Art Center to call a doctor and/or take this child to a physician in case of an emergency — by ambulance if necessary.