



2007 Contact Authorization Form

FORM #2

To be completed by Parent or Guardian:
Return form by: May 1st

Child's Name: _____ Group: _____

Please fill out the contact information below and check the appropriate authorization boxes using the following criteria, **please check and initial all that apply and include parents as contacts:**

Visitor: Someone you authorize to visit your child at Purchase Day Camp.

Pickup: Someone you authorize to transport your child from Purchase Day Camp.

Emergency: Someone you authorize Purchase Day Camp to call and release your child to if a parent cannot be reached.

Be sure to initial each authorization.

Parent or Guardian: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____	Visitor	<input type="checkbox"/>	_____
City: _____ State: _____ Zip: _____	Pickup	<input type="checkbox"/>	_____
Home Phone #: _____	Emergency	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____			

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____	Visitor	<input type="checkbox"/>	_____
City: _____ State: _____ Zip: _____	Pickup	<input type="checkbox"/>	_____
Home Phone #: _____	Emergency	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____			

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____	Visitor	<input type="checkbox"/>	_____
City: _____ State: _____ Zip: _____	Pickup	<input type="checkbox"/>	_____
Home Phone #: _____	Emergency	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____			

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____	Visitor	<input type="checkbox"/>	_____
City: _____ State: _____ Zip: _____	Pickup	<input type="checkbox"/>	_____
Home Phone #: _____	Emergency	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____			

➔ **Signed** _____ **Date** _____

Additional authorizations on reverse side.

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____

Name: _____		<u>Authorizations</u>	<u>Initial</u>
Address: _____			
City: _____ State: _____ Zip: _____	Visitor	<input type="checkbox"/>	_____
Home Phone #: _____	Pickup	<input type="checkbox"/>	_____
Office Phone #: _____			
Cell Phone #: _____	Emergency	<input type="checkbox"/>	_____



Signed _____ **Date** _____

Complete other side first.