
CAMP - of - the - WOODS

Parental Authorization for Pick-Up

For staff members under 18 as of date of hire.

Staff Member's Name: _____

The individuals you designate below will be authorized to pick up your child from Camp. This list should include parents, relatives, or friends, and only adults may be included on this list. No child will be released to anyone except the following list under any circumstances. You may amend this list as necessary by completing another form and email to dessaa@cotw.org. The minor must sign-in/sign-out at the Personnel Office.

Individuals on this list may *not* give permission for a staff member to stay up past the 11pm curfew. The list is intended to authorize staff under 18 to visit family or friends on overnight trips.

Last name	First name	Email	Phone number

Parent/Guardian Signature: _____

Type/Print Name: _____

Date: _____

Second Parent/Guardian Signature: _____

Type/Print Name: _____

Date: _____