



PICK-UP AUTHORIZATION FORM

Child's Name: _____

Parent/Guardian Name: _____

The people listed below have my permission to pick up my child from the Williamson Innovation Park Summer Camp.

Name	Phone Number	Relationship to Child	When
			<input type="checkbox"/> Any Time <input type="checkbox"/> This Date Only _____
			<input type="checkbox"/> Any Time <input type="checkbox"/> This Date Only _____
			<input type="checkbox"/> Any Time <input type="checkbox"/> This Date Only _____

Parent/Guardian Signature

Date