

Summer Experiences
Pick-up Authorization Form
Middle School Summer Challenge

Please list below any individuals that are authorized to pick up your child during the program.
We can only release children to the individuals listed on this form.

Student's Name _____

<u>Name of Individual</u>	<u>Individual's Contact Number</u>	<u>Relationship to Student</u>

Parent/Legal Guardian Signature _____ Date _____

STAFF USE ONLY: