## Easton Community Center Summer Camp Emergency Contacts & Authorization for Camper Pick-up

The names of at least one or two individuals, in addition to parents, who are authorized to pick up your child, must be on file with the program. If anyone else will be picking up your child, it is imperative that you notify the ECC. The ECC staff shall not release a child to anyone who is not authorized in writing for pick-up.

## **Child Information**

Name:			D.O.B
Parent/Guardian Name:			
Cell Phone:	Home PhoneE-mail		
Work Phone:			
Address:		Town	Zip
Password for Unusual Pickup Au			
This password should be kept confidential positively identifying a parent if they can curbside sign-out. The pick-up person do Emergency Contacts & Authoriz	ll the center to authorize an un es not need to know the password	usual pick-up. This pass	word may also be used for th
Name	Relationship	Phone Number	
Address			
Name	Relationship	Phone Number	
Address			
Name	Relationship	Phone Number	
Address			
Doctor Information Name	Phone		
Address	To	wn	Zip
Preferred Hospital		Town	
Signature (Parent or Legal Gu	ardian)		Date