



901 Aylor Rd.
 Stephens City, VA 22655
 (540) 868-0081

AUTHORIZATION TO RELEASE FOR PICKUP FORM

_____ **FAMILY LAST NAME**

Please list the individual(s) below that you give authorization to pick-up your child(ren) from school and/or school related events. These individuals may pick-up your child(ren) in the case that you are unable to pick-them up or in the case that they are taking them home for a playdate etc. If we can expect any of these people to regularly pick up your child, please indicate who they are by putting a checkmark in the space provided.

Expect Regularly (v)	Name (must match driver's license)	Phone Number	Relationship to Child(ren)

As the parent or legal guardian of

I give Camp Five:Five permission to release these students into the care of the individual(s) listed above. I understand that I need to inform the office, in writing, when I have given any individual permission to pick up my child(ren) that is not listed above on this form. I understand that if any individual attempts to pick up my child(ren) that is NOT on this list and I have not contacted the school office; in writing, then my child(ren) will NOT be released.

Parent Signature _____ Date _____