



CAMPER PICK-UP FORM

Please list parents/guardians as well as anyone who may be picking your camper up either at Calumet or at a Calumet bus stop.

The authorized pick up person will be required to sign the back of this form and may be asked for identification.

PHONE: 603-539-3223 X 221 / FAX: 603-539-3385

Camper Name: _____

I authorize any of the persons and individuals listed below and/or those listed as emergency contacts on the Health Form to pick up my child.

Parent/Guardian Signature: _____

Date leaving camp: _____

Parent/guardian who may pick up camper: _____

Other people who may pick up my child (please list at least 2 other names other than parents):

1) _____

2) _____

3) _____

4) _____

5) _____

My child will be picked up at Calumet

My child will be picked up at the Bus stop in:

Newington, CT

Vernon, CT

Worcester, MA

Waltham, MA

SPECIAL NOTE:

The following person is **never** authorized to pick up my child:

Name: _____

*Please attach copies of any court papers or documents related to custody rights of parents/guardians.