

SUNSHINE PROGRAM 2017

PARENT AUTHORIZATION AND CONTACT FORM



Camper's First Name: \_\_\_\_\_

Camper's Middle Name \_\_\_\_\_

Camper's Last Name \_\_\_\_\_

Are there any special instructions as to how the parents of guardians can be reached during the hours the child is at camp?

Names, addresses and telephone numbers of persons authorized to sign-out your child from camp.

1.

2.

Names, addresses and telephone numbers of emergency contacts.

1.

2.

\_\_\_\_\_ I give my permission for my child to leave the center premises under supervision of staff members for authorized campus walks.