



Phoebe Needles Center, Inc.

## AUTHORIZATION TO DROP OFF and/or PICK UP A CHILD (2024)

Name of Child/ren: \_\_\_\_\_

I hereby inform Phoebe Needles Center, Inc. that the following people have my permission to DROP OFF or PICK UP my child/ren for summer camp at Phoebe Needles Center Inc. as indicated below:

Name	Relationship to Child/ren	Phone Number	Pick Up	Drop Off
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>
4. _____			<input type="checkbox"/>	<input type="checkbox"/>

The REGULAR DROP-OFF PERSON for my child/ren will be \_\_\_\_\_.

The REGULAR PICK-UP PERSON for my child/ren will be \_\_\_\_\_.

I understand that:

Each morning at check-in, my drop-off person must indicate who will be picking up my child at the end of the day. If the person scheduled to pick up my child is not able to pick them up, I will notify Phoebe Needles Center, Inc., either by telephone or email, who the pick-up person will be (must be listed on the approved pick-up list above).

Any person that picks up my child may be asked to provide a photo ID.

This document will remain in force until the end of the 2024 Summer Camp Season or until rescinded by the legal parent/guardian, whichever comes first.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date