

Camp Pickup Authorization Form

Please return this form before camp to:
Blithewold Summer Camp Form • 101 Ferry Road • Bristol, RI 02809

Camper Name: _____

Camper Name: _____

For the safety of your child(ren), they may be picked up from camp **ONLY** by those individuals specified by you in writing on this authorization release form. **All authorized persons must show a picture ID or some type of valid identification, which will be requested by Blithewold camp staff.** In emergencies, a telephone call authorization may be acceptable. In some cases, we will call a number you have given us previously to verify that it is you making the call.

List of people authorized to pick up the camper(s):

Name	Telephone Number	Relationship to Child(ren)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: _____

Date: _____