



# Miami Science Museum SUMMER CAMP



## Authorization for Release Form

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Please list any additional adults who will be authorized to pick up your child. For example: step parents, siblings, grandparents, childcare helpers, colleagues, carpool, etc.

Adults who have your authorization and are listed on this or a previous release form will need to present a current Photo ID to the teacher at time of dismissal.

**This form should be turned in to the Museum's front office.**

Sessions my child will be attending camp (please circle each week):

**1      2      3      4      5      6      7      8      9**

Authorized Pick Up #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Position/Dept. \_\_\_\_\_

Authorized Pick Up #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Position/Dept. \_\_\_\_\_

Authorized Pick Up #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Position/Dept. \_\_\_\_\_

Authorized Pick Up #4 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Position/Dept. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_