

# Sunburst Summer Camp

## Emergency/Authorized Child Pick-Up List & Medical

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, authorize the following people to pick up my child from camp. My child shall not be picked up by anyone not on this list.

**Primary Emergency Contacts / Authorizations for Pick-up (please list in order of preference for emergencies):**

Name	Relationship to child	Contact Number	Authorized to Pick-up child?
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No



**Does your child have any medical conditions / allergies that our staff needs to be aware of? Do any of these conditions interfere with their ability to participate in camp activities? If yes, please explain in DETAIL below:**

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**Parent/Guardian Signature:**

**Print:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_