



Camper ID: _____

FOUNDATION INC.

CAMP INSPIRATION
Summer Enrichment Program

AUTHORIZATION FOR PICKUP/DROP-OFF

I hereby authorize the following name person(s) to drop off or pickup my child(ren).

NAME OF CHILD(REN):

NAME OF AUTHORIZED PERSON(S) FOR PICKUP**

1. _____
2. _____
3. _____
4. _____

The person(s) listed above must have an official ID, e.g., Driver's License or government issued ID card with the exact name as listed above.

SIGNATURE

DATE

PRINT NAME

**** EVEN THOUGH THE PERSON DROPPING OFF/PICKING UP IS A PARENT, THE NAME MUST BE LISTED.**