

Pick-up Authorization

Child's Name: _____ Child's Age: _____

Dates of Camp (s): _____

Parent/Guardian name (please print): _____

Preferred Phone Number: _____

Preferred Email: _____

I acknowledge that my child will not be released to anyone other than the individuals named below, under any circumstances, without my prior written authorization. Authorized individuals will be required to show proof of identification.

Parent/Guardian Signature _____

AUTHORIZED INDIVIDUALS (other than Parent/Guardian):

Name Relation to Child

Preferred Phone Alternate Phone

Name Relation to Child

Preferred Phone Alternate Phone

Name Relation to Child

Preferred Phone Alternate Phone

If additional space is needed, please provide information on the back.

COMPLETED FORMS ARE DUE ONE WEEK BEFORE THE START OF CAMP.

Email to: Education@senecazoo.org or

Mail to: Seneca Park Zoo Society, Education Dept, 2222 St. Paul Street, Rochester, NY 14621