



## **PICK-UP/RELEASE FORM**



This form must be completed or your child will not be permitted to attend 4-H Summer Camp.

I, the parent/guardian/foster parent of \_\_\_\_\_\_have read, understand and agree to the following. My child will return from 4-H Camp on Friday, August 2nd at 2:00 p.m. The bus will unload at McCracken County Extension Service.

It is my responsibility to arrange to pick-up my child/children upon her/his return from camp at the above time. There will be no exception to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a valid driver's license or photo ID before the child will be released. IF A CAMPER'S PARENTS ARE SEPARATED OR DIVORCED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF A KENTUCKY COURT ORDER TO THE CONTRARY, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE ACCESS TO THE CAMPER.

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BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD WHEN HE/SHE RETURNS FROM 4-H CAMP, AND I HAVE INSTRUCTED MY CHILD THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. HE/SHE ALSO HAS BEEN TOLD TO REPORT IMMEDIATELY TO THE AGENT IF THE DESIGNATED PERSON(S) IS/ARE NOT				
When a camper is not picked up or when no one listed above is present to pick up a camper, the camper will be turned over to local child protection authorities.				
NAME:	RELATIONSHIP:		Phone/Cell#	
NAME:	RELATIONSHIP:		Phone/Cell#	
NAME:	RELATIONSHIP	·	Phone/Cell#	
The camper named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from the campgrounds by anyone except his/her guardians unless they are on this list.				
			Vork Phone:	
If applicable, the custodial parent is	S:			
Home Phone: ( )		Work Phone: _		
Mothers Name:		Cell Phone: _		
Home Phone: ( )		Work Phone: _		
Fathers Name:		Cell Phone: _		
CAMPER NAME	NAME			

PRESENT AT THE TIME THE BUS ARRIVES. SIGNATURE \_\_\_\_\_

\_ DATE

RELATIONSHIP TO THE CHILD: \_

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Disabilities accommodated with prior notification

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