

## Gan Israel Day Camps Permission to Release Form

In the event of an emergency, it is critical that you identify individuals who may pick up your child. Rest assured that if you are unable to contact these individuals or contact camp, your child will be cared for until you are able to do so.

Should you need someone to pick up your child, you must notify the office with all details. Your child will not be released to anyone without verbal or written permission. If the person you request is not on this list, we will not release your child. If you would like to add a name, you must send in a signed note indicating that you wish to add a name to your child's list.

Cl	hild's name	DOB	Age	Sex
1.	Name:	DL#:	Relation:	
	Address:		Phone:	
2.	Name:	DL#:	Relation:	
	Address:		Phone:	
3.	Name:	DL#:	Relation:	
	Address:		Phone:	
1.		MAY NOT pick-up my child(re	•	
	Address:		Phone:	
2.	Name:	DL#:	Relation:	
	Address:		Phone:	
WRI	circumstances will the chill ITTEN permission from the	niliar to our staff will be require d be released to anyone other e parent. ing, so by signing it, you agree	than those listed ab	oove without
	Father/Guardian's	Signature	Date	
	Mother/Guardian's	Signature	Date	