



Authorization of Release

Name of Camper(s)

I, _____, authorize the Upper Dublin Township Summer Day Camp to release my child(ren) to the person(s) designated on the form below. This is in consonance with the Upper Dublin Township Summer Day Camp participant release procedures.

Name & Relationship to Camper(s)

Parent/Guardian Signature

Date

Print Name

Please list any allergies we need to be aware of.

NOTE: Parents and guardians should designate themselves as a designated custodians. Friends, neighbors, and other relatives may also be designated.

Please Print Clearly