

## Release & Emergency Contacts for Twilight Park Programs -2012

**Please complete this form before the first day. You may give it to a Head Counselor or the Youth Director or put it in our mail box at the TP Gate House or come 15 minutes early to your first day of Play Group.**

**Release procedures:** Parents have entrusted us with their most precious possession—their children and we will do all we can to provide them the best care while they are our responsibility. Therefore, the following guidelines are intended to avoid any problems with releasing children at session end.

1. All children are released only to an authorized person. Parents/guardians must complete and sign the form below authorizing release of the camper to anyone other than the custodial parent or legal guardian.
2. When a last-minute change occurs in who will be picking up a child, the new instructions are to be provided to the Head Counselor or Youth Director from an authorized person.
3. No child may leave Play Group prior to session end without prior authorization from the custodial parent and the Head Counselor/ Youth Director.
4. Children 7 and older are allowed to walk home alone, if specifically authorized by the custodial parent. Initial here\_\_\_\_\_ if you want your child(ren)\_\_\_\_\_to walk home alone after completion of their session. Twilight Park residents' only.

### **No-shows/absentees**

To be sure that children have not unexpectedly disappeared, Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected. Parents are asked to notify the camp if a child is ill or will not be attending as expected.

---

### **Authorized Release of Children**

Child(ren) Names (s)\_\_\_\_\_

I hereby authorize the following persons to pick-up my child at the end of each day and/or in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### **For Medial or Other Emergencies contact one of these Individuals -list yourself and at least one other local person**

Name \_\_\_\_\_ Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of Custodial Parent: \_\_\_\_\_ Date \_\_\_\_\_