



**AUTHORIZED PICK-UP FORM**

CAMPER(S) NAME

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AUTHORIZED PICK-UP

Please list the individuals who are allowed to pick up your child from the Children's Museum of the Lowcountry (including yourself).

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

UNAUTHORIZED PICK-UP

Please list the individuals who are not allowed to pick up your child from the Children's Museum of the Lowcountry.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Additions or deletions must be made in writing from the parent or guardian to the Camp Director. All authorized individuals must show identification to counselors and/or Museum staff. The child will not be released to individuals listed as unauthorized or not listed at all. A signature is required before registration can be processed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(Parent / Legal Guardian / Applicant over 18)*