



AUTHORIZED PICK-UP FORM

CAMPER(S) NAME

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)