

**Yarmouth Community Services Teen Trek Camp
Summer 2009**

PICK-UP AUTHORIZATION FORM

Child's name: _____

Parent / Guardian's Name: _____

_____ The above named child has permission to leave Yarmouth High School on his/her own at the scheduled release time.

The above named child may be released to the following (You do not need to include the name of the parent/guardian listed above):

Please Print

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: We will only release your child to those persons whose names appear above unless we have written permission to do otherwise.

The above named child MAY NOT be released to the following (please print):

_____	_____
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Parents / Guardians: please advise all authorized pick up persons that we may ask for photo identification.

Signature of parent/guardian

Date