



Pick Up Authorization

To ensure your child's safety, please inform us in advance if someone other than your child's primary parents/guardians will be picking them up from Summer Camp. Kindly provide a list of primary adults authorized to pick up your child and inform them that **photo ID will be required every time**. Please submit a separate form for each child attending Day Camp.

Camper's Name: _____ Age: _____

4 ADULTS AUTHORIZED TO PICK UP CAMPER:

| FULL NAME - PLEASE PRINT | PHONE NUMBER | RELATIONSHIP TO CAMPER |
|--------------------------|--------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Camper's Name: _____ Age: _____

2024 Emergency Card
Susquehanna Township Recreation Department

CAMPERS ADDRESS (W/ ZIP): _____

EMERGENCY CONTACT _____ **PHONE NUMBER:** _____

EMERGENCY CONTACT _____ **PHONE NUMBER:** _____

FOOD ALLERGIES? Y N SPECIFY: _____

BEE STING ALLERGY? Y N IF YES, CHECK ONE: LOCAL SYSTEMIC

ASTHMA? Y N IF YES, NEEDS INHALER? Y N

OTHER ALLERGIES: _____

ADDITIONAL HEALTH INFORMATION YOU WOULD LIKE US TO KNOW: _____
