

Authorization for Alternate Adult Pick-Up

Child's Name _____

The Hudson Highlands Nature Museum will release each camper only to a parent or legal guardian unless written authorization is submitted. If you wish to authorize another adult(s) to pick up your child from camp, please complete the information below:

I, _____, the parent/legal guardian, grant permission for the following person(s) to pick up the above named child from the Summer Nature Camp.

Name _____ phone number _____

Signed: _____