

University of Denver
_____ (Camp/Program)
Authorized Pickups

Who has permission to pick up your child at the end of the day? Please include parent(s) and guardian(s) in the list.

Student's name: _____

The persons listed below are authorized to pick up my child from _____
(Camp/Program):

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Parent or Guardian: _____
Signature

Date