Young Writers Summer Camp

Date: __________

This form **MUST** be filled out in its entirety and signed where indicated in order for your child to participate in our program. If you have any questions, please call our office at (585) 275-2616.

**Dismissal Permission**

Please list ALL the people who are allowed to pick up your child. Your child will only be released to the people listed below.

I give my child, __________________________, permission to leave the University of Rochester with the people listed below.

*(Please Print)*

Adult Name: __________________________________________

Relationship: ___________________________ Telephone Number: ________________

Adult Name: __________________________________________

Relationship: ___________________________ Telephone Number: ________________

Adult Name: __________________________________________

Relationship: ___________________________ Telephone Number: ________________

Adult Name: __________________________________________

Relationship: ___________________________ Telephone Number: ________________

Adult Name: __________________________________________

Relationship: ___________________________ Telephone Number: ________________

Parent Signature: __________________________________________

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