Young Writers Summer Camp

Dismissal Permission

This form **MUST** be completed in its entirety and signed in order for your child to participate in the program. If you have any questions, please call our office at (585) 275-1008.

Please list ALL individuals allowed to pick up your child from camp. Your child will be released only 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: ___________________________

Parent Signature: _______________________________________ Date: ________________________