# Camper Pick Up Authorization

Camp College identification cards will be issued on the 1st day of camp. For your child's safety, a valid ID authorizes your child's release to the bearer of the card. **Campers will not be released without a Camp College ID and NO OTHER FORM OF IDENTIFICATION WILL BE ACCEPTABLE**. If you need emergency camper pick up, you **must** send a note or call the camp office at (609) 570-3773 (include the person's name, relationship, and pick-up dates).

Camper Name: _____.

Listed below are individuals authorized to pick-up my child from **Camp College**.

| Name | Relationship | Telephone |
|---|---|---|
| Name | Relationship | Telephone |
| Name | Relationship | Telephone |
| Name | Relationship | Telephone |

**THIS PAGE MUST BE INCLUDED WITH EACH REGISTRATION.**

# Emergency Information Procedures & Release

Camper Name _____
Last First Middle

DOB _____ Sex: M or F

Home Address _____ Home Phone _____

**LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME**

Parent 1 Name _____
Hours Cell Phone/Office Phone

Parent 2 Name _____
Hours Cell Office Phone

**NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:**

Name _____

Address _____ Phone _____

## Release

In case of emergency, accident or serious illness to the camper named on this card in which medical treatment is required, I (parent/guardian) request Camp College to contact me. If the camp is unable to reach me, my signature below authorizes the school to exercise thier own judgement in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, MCCC may make whatever arrangements are necessary or transport the camper to a hospital emergency room. In addition, I give permission for the above registered camper to be photographed/videotaped during this camp season by a representative of Mercer County Community College. I understand that the photographs/videotapes will be used by Mercer County Community College for the purpose of promoting the College's programs and services, and that no compensation will be offered to the child or family.

Parent/Guardian Signature _____ Date _____

Remarks _____

Does this student have any major or unusual health conditions? Yes No

If yes, please specify _____

Allergies _____ Other Conditions _____

Local Physician's Name _____

Office Phone _____

**IMPORTANT NOTE: Please notify MCCC immediately concerning changes to any information listed on this form.**