

Pick Up Form

I authorize the following people to pick up my child from camp at St. Louis School. I understand that any person appearing on this list is authorized to pick up my child at any time on any camp day. I understand that everyone picking up a child from camp at SLS will be required to show the camp VIP card or a photo ID each day. I understand that if no photo ID is provided, my child will not be allowed to leave with anyone regardless of whom that person claims to be. If someone will be picking up my child and his/her name is not on this list I will alert the camp staff in person in the morning or by phone during the day. I understand that my password will be required to verify my identity. If family circumstances are such that there are individuals NOT permitted to EVER pick up my child I will provide the camp staff at the St. Louis School with a list of those names. **(Parents: Make sure to include your own name as adults authorized to pick up your child).**

Password: _____

For security purposes, you are asked to come up with a password that verifies your identity over the phone. Please share this password only with the individuals below. If an individual, other than those listed below, will be picking up your child(ren), you will be asked for this password when you phone in your transportation change.

Authorized Adult #1 Please print first and last name **Phone #**

Authorized Adult #2 Please print first and last name **Phone #**

Authorized Adult #3 Please print first and last name **Phone #**

Authorized Adult #4 Please print first and last name **Phone #**

Standard Waiver and Permission Slip

I am a legally competent adult who is the parent or guardian of the named participant. I desire that my child participate in summer camp and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur that can result in serious injuries. Therefore, in exchange for St. Louis School allowing my child to participate, I voluntarily and intentionally hold harmless and release St. Louis School, its employees, volunteers, members, and guests from any and all liability for loss, damage, injury, or death, including any claims based on ordinary negligence, action, or inaction connected in any way with such participation. I also agree to indemnify St. Louis School for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I hereby give permission to the medical personnel selected by the camp director to provide emergency health care; to administer medications; to order X-rays, emergency tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named below. This completed form may be photocopied for trips out of camp.

I have read and understand the information given in the Pick-Up form and the Standard Waiver and Permission Slip and am signing below as the Parent/Guardian.

Parent or Guardian

Date

Name of Participant (Please print)