Children's Specialized Hospital®
Improving lives. Changing futures.

CAMP Chatterbox

Approved Pick-Up List

Only the individuals on this approved list will be permitted to pick up this attendee.

Please list the names of individuals whom you give us permission to release below mentioned attendee to. You must include at least one individual who is approved to pick up this attendee and may include up to 10. **Please make sure to include yourself** as well as any other approved parent(s), guardian(s), or individual(s) over the age of 18.

ATTENDEE NAME: _____

Approved Pick-Up Individual	Relationship to Attendee	Phone Number

By signing below, I give permission for Camp Chatterbox staff to release this attendee to ONLY the above named individuals.

_____

SIGNATURE OF ATTENDEE DATE

_____

SIGNATURE OF PARENT/GUARDIAN (if applicable*) DATE

Revised 10/20

*Parent/Guardian signature required for attendees under 18 and for those 18+ with a power of attorney