



## Camper Pick Up Authorization

For your child's safety, a valid picture ID authorizes your child's release to the bearer of the card. **Name listed below must be identical to drivers license or other picture ID. Campers will not be released without personal identification.** If you need emergency camper pick up, you **must** send a note or call the camp office at (609) 570-3773. **ID's must be in English (include the person's full name, relationship, and phone number, no nicknames please).**

Camper Name: \_\_\_\_\_.

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

Parent/Guardian #1 (First & Last Name)	Relationship	Telephone
Parent/Guardian #2 (First & Last Name)	Relationship	Telephone
Name (First & Last Name)	Relationship	Telephone
Name (First & Last 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 \_\_\_\_\_  
 (First & Last Name) Cell Phone/Office Phone

Parent 2 Name \_\_\_\_\_  
 (First & Last Name) 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 MCCC to exercise their judgment 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.**