

Our Lady of Good Counsel Summer Camps  
Pick-up Permission Form

I, (name) \_\_\_\_\_, give permission for my son(s)/daughter(s) to be picked up by the individual(s) listed below:

Child's (Children's) Name(s):

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Parent/Guardian Phone Number:

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Permission granted to the following person(s) to pick up my child/children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/Guardian Signature:

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Date:

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