Summer Camp - Dismissal Form
June 17 - August 16, 2024

Please provide the camper's name and the parents who can be contacted for dismissal questions:

Camper's Name	
Parent Name	
Cell Number	
Parent Name	
Cell Number	

The following adults are authorized to pick up my child in addition to any parent listed above:

Name (first and last)	Relation to Child

The following individuals are **NOT authorized** to pick up my child:

Name (first and last)	Relation to Child

Should it be necessary for a substitute driver not listed to pick up my child, I will contact the school by calling 302-239-0330 (option 4) or email Jen Hayes (jhayes@indyde.org) to communicate the approved change.

Parent Signature_____ Date_____