



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

# Dismissal Form

For the safety of your child, The Great Gluten Escape Camp requires the following information:

During dismissal of camp, the following person(s) have permission to pick up my child (***please include parents' names on list***). No one other than the person(s) listed below will be allowed to pick up my child at any time during camp or at camp dismissal. A driver's license of the person picking up my child is required to verify their identity.

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

2. \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

3. \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

4. \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

For Use at Camp Dismissal Only:  
Person Signing Out Camper: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date