

LABCC SUMMER CAMP PERMISSION TO PICKUP / RELEASE OF LIABILITY

I _____ do hereby give permission to _____
Parent name Authorized person name

to pickup my child _____ on _____
Child's name Date

I release LABCC, Camp Morningstar and its Directors and Staff from any liability for the release of my child to the authorized person above.

X _____
Parents signature Date

NOTE: The authorized person *MUST*:

- have this release form or a facsimile of for LABCC to release your child.
- show ID to verify he/she is the authorized person.

LABCC SUMMER CAMP
AUTHORIZATION FOR THIRD PARTY TO CONSENT TO MEDICAL
CARE OF A MINOR
(California Family Code Section 6910)

I am the parent / person having legal custody of _____
Minor's name

I authorize _____ to consent to appropriate
medical care or treatment (as defined in California Family Code Section
6902) for _____ in the event that I cannot
be contacted.
Minor's name

Name of parent / legal guardian (print name)

Signature of parent / legal guardian

Date