



# Camp Hawkeye

## Parent/Guardian Authorization for Camper Release/Departure From Camp Property

During the summer camp season, Camp Hawkeye requires that in the event that a camper must leave the camp property with someone **other than** the parent/guardian, we must have an advance written notice from the parent or guardian.

**Please complete information below for the camper. Answer all questions and sign as authorization.**

Camper's Full Name \_\_\_\_\_ Number of Years attending Hawkeye \_\_\_\_\_

Male       Female      Present School Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month      Day      Year

Date/Time of Departure \_\_\_\_\_ Date/Time of Return \_\_\_\_\_

**The following individuals are authorized to pick up my child if I am not there.**

1) Contact's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ How Long Has Camper Known Individual \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Contact's Full Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ How Long Has Camper Known Individual \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Positive ID will be required for the individual authorized to pick up and transport camper.**

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

[www.camphawkeye.com](http://www.camphawkeye.com)

Winter Address: 8 Hammer Street • Waltham, MA 02453 • Phone: (617) 960-6740 • Fax: (866) 615-1769  
Summer Address: 234 Red Hill Road • Moultonborough, NH 03254 • Phone: (603) 253-3088 • Fax: (866) 615-1769