

Preble County 4-H Camp Restricted Release Form

I, _____, hereby authorize only the person(s) listed below to pick up
Parent or Guardian

_____ from camp.
Camper Name

Name(s) of person(s) authorized to pick up my child:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

If my pickup plans change, I understand that I must call Camp Clifton 4-H Camp Office at 937-767-7552.

Parent or Guardian Signature

Date

Check-In Permission

If someone other than a parent/guardian will be **dropping off** your child at camp on the first day, please complete the following:

I, _____, hereby authorize _____
Parent or Guardian Adult bringing child to camp

to check in my camper and discuss my camper's health form on my behalf.

Parent or Guardian Signature

Date

