



Penn State University Youth Program
COMMUTER DROP-OFF AND/OR PICK-UP AUTHORIZATION FORM

For the safety of your child, we must have on file, a written authorization/permission form from the legal parent/legal guardian, of all persons permitted to pick-up your child. You may add or delete names in writing at any time.

CAMPER NAME:	DATE OF BIRTH:
CAMP/PROGRAM/EVENT:	

NAMES OF PEOPLE INCLUDING PARENT/LEGAL GUARDIAN THAT HAVE PERMISSION TO DROP-OFF AND/OR PICK-UP YOUR CHILD

ADULT NAME:
PHONE NUMBER:

ADULT NAME:
PHONE NUMBER:

ADULT NAME:
PHONE NUMBER:

ADULT NAME:
PHONE NUMBER:

The above individuals will be asked to verify their identity by showing an official picture ID before your child will be released to their care.

Parent/ Legal Guardian Signature:
Date:

If there are any legal issues we should be aware of, please provide us with an updated court document stating such. We will abide by legal documents only when dealing with children and custody issues. Otherwise either parent has equal rights to their child. Personal information about camp participants is considered confidential and may not be shared outside of camp. This includes the identity of campers, any demographic information, medical information and any other personally-identifiable data about any individual or group of campers. If you have any additional questions please call or email _____.

Special Instructions:
