Cabin

Camper Last Name, First Name

CAMP WAKESHMA

Camper Release Form

Parent/Legal Guardians Names

Home Phone | Work Phone | Cell Phone

I authorize Camp Wakeshma staff to Release my child to either one of the following individuals who is known to my child.

Name
Relationship
Address
Cell Phone

Name
Relationship
Address
Cell Phone

Signature of Parent/Guardian | Date

Person(s) my child may not be released to:

Name
Relationship

Name
Relationship

Name
Relationship

Office use only

OUT:
IN:

OUT:
IN:

OUT:
IN:

LAST DAY SIGN-OUT: _____
Signature of approved person

LAST DAY SIGN-OUT: _____
Signature of approved person

LAST DAY SIGN-OUT: _____
Signature of approved person