

Clark County 4-H Camp Early Release

(Approve by Administrative Cabinet 10/95)

4-H Early Release Form

I, _____, hereby authorize only the person(s) listed
(Parent/Legal Guardian)

below to Pick up _____ during
Child/Children Name(s)

Clark County 4-H Camp. We expect to pick up this child/children at _____ on
Time
_____ at _____ on _____,
Date Time Date

or not return.

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

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

If my pick-up plans change, I understand that I must call 4-H Camp Clifton at (937)767-7552 in order to make different arrangements.

(Signature of Parent/Guardian)

(Date)

**** The person(s) listed above who pick up your child must be identified by your child to a camp director before your child will be released in their care. They must also have to sign here indicating that your child left with them**

Signature of Person Picking up Child: _____

Relationship to Camper: _____

Please Turn This Form In At Camp Registration & Check-In!

