

**Emergency Contact and Authorized Pick Up**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Dates Attending

*If submitting for multiple children with the same contact information:*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Dates Attending

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Dates Attending

**Parent/Guardian Contact Information**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

**Alternative Emergency Contacts**

\_\_\_\_\_  
Alternative Emergency Contact Name

\_\_\_\_\_  
Alternative Emergency Contact Name

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

## Authorized Pick Up List

For the safety and protection of your child, participants will only be allowed to leave camp with someone listed on their Authorized Pick-Up List and at least 18 years or older. They will be required to present valid photo identification and must be listed on the Authorized Pick-Up List. Authorized persons will also be asked to print their name and the date on a sign out sheet. The following people are authorized to pick up my child from the Santa Barbara Botanic Garden's Summer Camp.

The following people (including yourself) are authorized to pick up my child from the Santa Barbara Botanic Garden Summer Camp.

Authorized Person's Name	Relationship to Camper	Phone Number(s)

**I understand my child will be allowed to leave with the individuals listed in the Authorized Pick Up List only. I also understand that the person picking up my child must do so in person and must present valid photo identification. I understand that my child will not be allowed to leave without being signed out.**

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_