



GW Camp/Clinic
 Authorization to Release Child
 (include self, spouse and older siblings if applicable)

Name of Child _____ Age _____

I give permission for the GW camp or clinic staff to release my child/children to the following individuals.

(Name)	(Work Phone)	(Home Phone)
(Address)		(Relationship)
(Name)	(Work Phone)	(Home Phone)
(Address)		(Relationship)
(Name)	(Work Phone)	(Home Phone)
(Address)		(Relationship)
(Name)	(Work Phone)	(Home Phone)
(Address)		(Relationship)

I understand that under no circumstances, will my child/children be released to individuals other than those listed above without my written authorization. I understand that I must include at least one local name and number for emergency purposes, other than immediate family members, in order for this form to be complete or my child will not be allowed to attend the camp/clinic.

(Parent/Guardian)	(Date)	(Parent/Guardian)	(Date)
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