THE

UNIVERSITY

OF RHODE ISLAND

DIVISION OF ADMINISTRATION AND FINANCE



RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement



PICK-UP AUTHORIZATION FORM

I understand that a photo driver's license (or an equivalent photo) is required to pick-up my child. In the event of an emergency during a time when I cannot be reached, or if I (the Parent/Legal Guardian signing this form) cannot pick-up my child at the end of camp, I authorize the following people to sign-out my child upon presentation of a photo driver's license for identification. Safety of your child(ren) is of the utmost importance.

Parent/Legal Guardian Signature:				
	•••••	••••		•••••
Participant/Camper Name (please print):			Date:	
Note: Spouse and ex-spouse N	MUST be listed if you w	ould lik	e them to be able to pick-up yo	ur child.
Name:			Relation to Child:	
Telephone home: ()	work: ()	cell: ()	
Name:			Relation to Child:	
Telephone home: ()	work: ()	cell: ()	
Name:			Relation to Child:	
Telephone home: ()	work: ()	cell: ()	
Name:			Relation to Child:	
Telephone home: ()	work: ()	cell: (