

SUMMER JAM | Sign Out Authorization for Non-Parent Adults

Please list any additional adults authorized to pick up your child from SummerJAM (people OTHER THAN parents OR the emergency contact) and list their phone numbers. Thank you.

Child/ren's Name(s): _____

Parent Name: _____

Parent Phone Number: _____

Other Adult(s) Name(s)

Phone Number(s)

_____.

_____.

_____.

_____.

_____.

_____.

Parent Signature: _____.

Date: _____.