Hamlin Recreation

Authorized Pick Up Form

Before & After School • School Break Camp • Summer Camp

Child Information

Name: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian Name(s): _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Medical Information

List any allergies, medical conditions, medications, special needs, or health concerns we should be aware of:

_____

_____

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED TO BE ON FILE.

Authorized Pick-Ups & Contacts

Please list anyone you would like Hamlin Recreation to contact regarding your child.

- Authorized Pick-Up – This person may pick up your child when you notify Hamlin Recreation that they will be doing so.
- Emergency Contact – This person may be contacted if we are unable to reach a parent/guardian during an emergency.
- The same person may serve both roles.

Name	Relationship	Primary Phone	Authorized Pick-Up	Emergency Contact
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Parent/Guardian Acknowledgement

I certify that the information above is accurate. I understand it is my responsibility to notify Hamlin Recreation promptly of any changes to contact information or authorized individuals. I understand that identification must be brought daily.

Parent/Guardian Signature: _____

Date: _____