

## RELEASE AUTHORIZATION & EMERGENCY CONTACT INFORMATION

TO BE COMPLETED BY PAI	TENT ON ELOAL GOAL	NDIAN			
CHILD'S LAST NAME	MIDDLE	FIRST			BIRTHDATE
CAMP NAME			GRADE OF CH	ILD FOR UPCOMING SCH	HOOL YEAR
ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD					
PRIMARY GUARDIAN'S LAST NAM	IE MIDDLE	FIRS	ST	Р	HONE
ADDRESS		CITY	STATE	ZIP A	LT. PHONE
ADDITIONAL PERSONS WHO MAY PICK UP CHILD AND/OR BE CALLED IN AN EMERGENCY If a parent or legal guardian of the child named above is unable to pick up at the designated time or if there is an emergency, I hereby give the City of Pleasanton Library and Recreation staff permission to release my child to a person listed below. Those listed may need to present photo ID to pick up.					
NAME	PHONE		ALT. PHONE	RELA	TIONSHIP
ADDITIONAL PARTICIPANT INFORMATION					
ABBITIONAL PARTION AND INCOMMENTAL					
*IF YOUR CHILD HAS A MEDICAL CONDITION, PLEASE FILL OUT THE "CONSENT AND DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES" FORM					
PARENT OR LEGAL GUARDIAN PR	RINTED NAME	SIGNATURE		DATE	