



Penn State Wilkes-Barre Summer Youth Program

Pick up / Consent to Release Child to Another Person

**ANY camper requesting to be released to someone other than his/her parent/guardian
MUST present this permission slip, appropriately signed and dated.**

****There will be no exceptions****

Camper's Name (please print clearly): _____

Camp attending: _____

#1 Contact name, phone number and relationship of the person picking up child (please print clearly):

#2 Contact name, phone number and relationship of the person picking up child (please print clearly):

Date child will be released to the person named above: _____

Parent/Guardian's primary phone #: _____

Parent/Guardian's secondary phone #: _____

Parent/Guardian's Name (please print clearly): _____

Parent/Guardian's Signature: _____

Signature Date: _____

When completed, please return to PSU Continuing Education Department via mail, fax, or email to:

PSU Continuing Education Department
PO Box PSU
Lehman, PA 18627
Fax: 570-675-8308
Email: wbce@outreach.psu.edu