



OUR LADY OF SORROWS
PRE-K - 8
CATHOLIC ELEMENTARY SCHOOL

OUR LADY OF SORROWS SCHOOL

2019 SUMMER CAMP

CHILD ESCORT FORM

PLEASE PRINT CLEARLY

CHILD'S NAME: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

As legal guardian of the above-mentioned child, I authorize the following people to escort my child to/from Our Lady of Sorrows School.

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

Parents please note: Please fill out this form completely and return it to the office prior to first day of camp. Please remember to include yourselves and anyone who is to pick your child up from school. You may use the back of this form or attach an additional paper if necessary. Also, please include a recent photo of each individual listed on the Escort form. To ensure safety, the first time an individual is picking up your child from camp, they will be expected to show identification that we will match to the Escort form.

Date: _____

Signature: _____