

**CHILDREN'S ACADEMY AT LIU BROOKLYN
SCHOOL OF CONTINUING STUDIES**

Phone: 718-488-1364 **Fax:** 718-488-1367 **Email:** childrensacademy@liu.edu

Web: liu.edu/childrensacademy

Summer Camp: Alternate Adults

In the event that I am unable to drop off and/or pick up my child at the beginning and/or end of the camp day,

I, _____,

the legal parent/guardian of:

Child 1 _____

First Name

Last Name

Child 2 _____

First Name

Last Name

Child 3 _____

First Name

Last Name

give permission to the individuals listed below to drop off and pick up my child at the beginning of and ending of the camp day at Long Island University (LIU). I understand that LIU reserves the right to verify the identity of these individuals by requiring the production of a picture ID, as requested by representatives of LIU.

Signed	Print Name	Today's Date
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Individuals authorized to pick up/drop of my child are:

1. _____

First Name

Last Name

Relationship to Family

2. _____

First Name

Last Name

Relationship to Family

3. _____

First Name

Last Name

Relationship to Family