

**Darke County 4-H Camp Restricted Release Form**

I, \_\_\_\_\_ hereby authorize only the person(s) listed below to  
 Parent or Guardian  
 pick up \_\_\_\_\_ from camp.  
 Camper Name

Name(s) of person(s) authorized to pick up my child:

- |          |             |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |
| 4. _____ | Phone _____ |

If my pick up plans change, I understand that I must call Rhonda at 937.423.2388 prior to noon on Thursday to make different arrangements.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

**CHECK IN PERMISSION**

If someone other than a parent/guardian will be dropping off your child at camp on the first day, please complete the following:

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
 Parent or Guardian Adult bringing child to camp

to check in my camper and discuss my camper's health form on my behalf.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



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