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## Early Departure Form

For:

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Departure Date

Departure Time

My Student will be departing with the following Authorized Person:

Authorized Name

Cell Phone Number

Relationship to Camper

Authorized Person's Driver's License Number

Authorized Person's Driver's License State

Legal Guardian Name

Legal Guardian Name Cell Phone Number

Special Instructions/Comments

I give Camp Harvest permission to release my student from all liability and care. I have scheduled the release time as indicated above and understand that I am responsible for the return transportation of my child. I understand that my child will only be released to the above authorized person(s). I also understand that before the student will be released, the authorized person must present driver's license and sign out in the Camp Harvest release log.

Signature \_\_\_\_\_ Date \_\_\_\_\_