



Camp Tahattawan

**Littleton Parks, Recreation &  
Community Education Department**

**Camp Tahattawan**

**Authorization for Child Pick-up**

The following individual(s) has/have my permission to pick up my child(ren) from camp if I am unable to at the conclusion of the camp day.

Child(ren's) Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The individuals authorized to pick up my child(ren) are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_