

The Hiram House  
33775 Hiram Trail  
Chagrin Falls, Ohio 44022  
Tel: (216) 831-5045

In the event I cannot pick up my child/children \_\_\_\_\_  
from camp, I give the following people permission to do so.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver License # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver License # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver License # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver License # \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature) required

\_\_\_\_\_  
Date