University of California, Irvine
Information and Computer Sciences APPcamp 2016
Drop-off and Pick-up Authorization Form

Drop-off

1) Name of person authorized to drop off child: _______________________
   Date(s) for child to be dropped off by person named above:
   ___________________________________________________________

2) Name of person authorized to drop off child: _______________________
   Date(s) for child to be dropped off by person named above:
   ___________________________________________________________

Pick-up

1) Name of person authorized to pick up child: _______________________
   Date(s) for child to be picked up by person named above:
   ___________________________________________________________

2) Name of person authorized to pick up child: _______________________
   Date(s) for child to be picked up by person named above:
   ___________________________________________________________

If special arrangements are needed, please explain below:
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Name of child: ____________________________ Date: _____________

Signature of Parent or Legal Guardian: ______________________________