University of California, Irvine
Information and Computer Sciences APPcamp 2018
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: ________________________________