

ALTERNATE RIDE AND CONTACT INFORMATION CONSENT FORM:
(PLEASE PRINT)

Please identify individuals who you consent to having Embers of Hope Camp staff contact if we are unable to reach you regarding your child when attending the camp. Additionally you can consent that they can be an alternative ride to pick up the camper in place of the parent/guardian.

NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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_____ (initials) I _____ (name, please print)
DO consent to having these individuals be alternative contacts if the Embers of Hope Camp staff cannot contact me, the parent/guardian.

_____ (initials) I _____ (name, please print)
DO consent to having these individuals be an alternative ride for my child if the Embers of Hope Camp staff cannot contact me or if I am unable to pick them up myself.

Please identify individuals who you **DO NOT** give permission to Embers of Hope Camp staff to contact if we are unable to reach you regarding your child when attending the camp. Additionally you can identify people that **DO NOT** have permission to pick up your child in place of the parent/guardian.

The following names I DO NOT give permission to have Embers of Hope Camp staff communicate with regarding my child. Additionally they DO NOT have permission to pick up my child.

NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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_____ (initials) I _____ (name, please print)
DO NOT permission to have the Embers of Hope Camp staff speak to these individuals regarding my child.

_____ (initials) I _____ (name, please print)
DO NOT give permission to these individuals be an alternative ride for my child if the Embers of Hope Camp staff cannot contact me or if I am unable to pick them up myself.

NAME OF CHILD (PLEASE PRINT) _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Date signed: _____