



Authorized Dismissal Form  
Coastal Center Summer Camp

Date\_\_\_\_\_

Child's Name\_\_\_\_\_

I, \_\_\_\_\_, besides myself,  
authorize the following people to pick up my child, named above,  
from the Connecticut Audubon Society Coastal Center at Milford  
Point Summer Camp:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_