EARLY SIGN-OUT FROM ANSC

Participant Name & Age: _____

I will be dropping off/ picking up my child early at the following times:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
____:____	____:____	____:____	____:____	____:____
____:____	____:____	____:____	____:____	____:____
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I will discuss this arrangement with my child's coordinator in order to avoid disrupting the scheduled activities for the other campers.

Guardian Signature: _____ Date: _____

NON-CUSTODIAL SIGN-OUT AUTHORIZATION

_____ has permission to sign out my child after camp on _____.
NAME OF ADULT DATE

_____ has permission to sign out my child after camp on _____.
NAME OF ADULT DATE

Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER MEDICATION

I authorize the Austin Nature and Science Center to give my child the medication(s) listed below.

Guardian's Signature: _____ Date: _____

Guardian Permission to Administer Medication Medication must be provided in the original container. Registered participants ages 18 or younger are not allowed to dispense their own medication.					Staff Use Only - Medication Log				
Medication Name	Dosage	Date(s) administered	Time(s) administered	Special instructions	Monday	Tuesday	Wednesday	Thursday	Friday