

**The University of Texas at Austin
Youth Protection Program
Permission to Leave Campus**

Camper's Name: _____

Program Name/Session: _____

This form must be completed and returned to the camp director prior to the program start date.

For the safety of your child and for liability reasons, we will not allow campers to leave campus without your prior permission from a parent or legal guardian, other than for emergency or pre-approved doctor visits. Due to the size of the camps, we are unable to accept leave requests submitted after the program start date. Please list any adults (eighteen years or older) below, including the parent/legal guardian, to whom you grant permission to take your child off campus. All those listed will be required to show identification when picking up your child. Please note that submission of Permission to Leave Campus form does not guarantee that the request will be approved.

I _____, the parent/guardian of _____ give permission to the persons listed below to take my child off campus during times that will not conflict with any scheduled activities within the _____ (camp/program name).

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: _____

Camp Director: _____

Camp Director Phone: _____

Camp Director Fax: _____

Camp Director Mailing Address: _____