



**Office of Youth Safety**  
**Minor Emergency Contact / Pick-Up Authorization Form**

**PROGRAM/EVENT/CAMP INFORMATION**

PROGRAM/EVENT/CAMP \_\_\_\_\_ PROGRAM/EVENT/CAMP ID \_\_\_\_\_

PROGRAM/EVENT/CAMP DATES \_\_\_\_\_

**MINOR IDENTIFICATION**

NAME \_\_\_\_\_  
Last First MI

BIRTH DATE \_\_\_\_\_

GENDER \_\_\_\_\_  
(optional)

Insert Minor's Image Here  
(optional)

**PRIMARY CONTACTS**

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_  
Last First

RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_  
Last First

RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS**

Please input the contact information below for two individuals not provided above who will serve as emergency contacts. These individuals will not be contacted unless the primary contacts above are unavailable.

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_  
Last First

RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_  
Last First

RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

**MINOR PICK-UP AUTHORIZATION**

The only people permitted to pick up a minor from a JMU supported activity are the primary or emergency contacts. Parents/Guardians are permitted to list additional individuals who are authorized to pick up their children below.

NAME \_\_\_\_\_  
Last First

NAME \_\_\_\_\_  
Last First

**PECs retain the right to check the ID of anyone who picks up a minor.**

**PARENT/GUARDIAN PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Form to be submitted to Office of Youth Safety.  
A copy should be maintained by Camp/Supporting Unit following Policy 1109-Records Management.**