

PARENTAL CONSENT FOR STUDENT TO LEAVE CAMPUS WITH NON-SOCAPA STAFF

STUDENT NAME: _____ Today's Date: _____

PARENT/ GUARDIAN NAME: _____

AUTHROIZED PICK-UP PERSON: _____

RELATION OF PICK-UP PERSON TO STUDENT: _____

CONTACT NUMBER FOR PICK-UP PERSON: _____

DATE & EXACT TIME OF PICK-UP: _____

WILL THIS BE AN OVERNIGHT STAY? (This must be noted before departure, and can not
change once student has left campus) YES NO

EXPECTED DATE/TIME STUDENT WILL RETURN TO CAMPUS: _____

STATEMENT OF RELEASE

I hereby authorize the above SOCAPA student to be placed under the supervision of the above pick-up person for the time stated in this form. I understand that SOCAPA will not release my child to any adult unless that adult can present valid photo identification at the time of pick-up. I also understand that overnight stays must be decided prior to the student's departure from campus, and this decision can not be changed after the student has left campus.

SIGNATURE OF PARENT/GUARDIAN: _____

TO BE COMPLETED AT DEPARTURE TIME

TIME OF ACTUAL DEPARTURE: _____

SIGNATURE OF PICK-UP PERSON AT DEPARTURE: _____

SIGNATURE OF SOCAPA STAFF AT DEPARTURE: _____

TO BE COMPLETED AT RETURN TIME

DATE / TIME OF ACTUAL RETURN: _____

SIGNATURE OF PICK-UP PERSON AT RETURN: _____

SIGNATURE OF SOCAPA STAFF AT RETURN: _____

Please Fax to: 646-536-8725 or scan and email to: NY Program: reslifeny@socapa.org,
LA Program la@socapa.org or VT Program vt@socapa.org