



Pick Up Form: ICE Chemistry Camp

Fill out either **Section A** or **Section B**

➡ Send this form to ICE by email or mail; address information at the bottom of the page.

Section A: Specify who is authorized to sign for and pick up your child each day after Camp:

Date: _____

Name of Camper: _____ Name of Parent: _____

I authorize these individuals to pick up my child from Chemistry Camp: (Include yourself on the list.)

First and Last Name	Relationship to Child

Signature of Parent/Guardian

OR

Section B: Specify that your child is authorized to leave Camp on his/her own:

Date: _____

Name of Camper: _____ Name of Parent: _____

I authorize and give consent to the Institute for Chemical Education (ICE) to release my child from Camp without parental supervision and hereby consent, acknowledge, and allow my child to leave Camp without parental or ICE supervision. I, individually and on behalf of my minor child(ren), understand that leaving Camp unsupervised may be dangerous. Once you sign, you are saying that you understand the risks involved and accept all the risks.

Signature of Parent/Guardian

2/27/2019



Mail this Form to:



ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin-Madison
1101 University Avenue
Madison, WI 53706



Email this Form to:



chemcamps@chem.wisc.edu

? ChemCamp Inquiries ?

Email: chemcamps@chem.wisc.edu

Web: <https://ice.chem.wisc.edu>

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