

Please bring this form to the RYLA conference and turn in during check in.

Student's Name _____

Pick Up Authorization

The following people are authorized to pick up student from RYLA. I understand my student will be allowed to leave with these individuals only. I also understand that the person picking up student must do so in person. Students will not be allowed to leave without being signed out. Photo identification may be asked for. (please print clearly)

Authorized Person's Name	Relationship	Phone number	Sign off at Pick up

My student will be driving to and from RYLA. Yes No (circle answer)

Name of person(s) NOT authorized to pick up my child: _____

Parent/Guardian Signature: _____ Date: _____

If plans change after you submit this form and you need to add someone to the approved list above please call Steve Wieneke (2026 Conference Chair) at (515) 250-0507 or Marie Pipes (2026 Conference Chair-Elect) at (816) 260-4355 by WEDNESDAY, July 29th.

Over the Counter Medication

As part of our commitment to ensuring the health and well-being of all participants at the upcoming RYLA Conference, we ask for your consent to allow camp counselors and medical staff to administer over-the-counter (OTC) medications to your student if needed.

These may include medications such as acetaminophen (Tylenol), ibuprofen (Advil), antihistamines (Benadryl), antacids, or topical ointments for minor ailments like headaches, allergies, upset stomachs, or insect bites. If you have any specific instructions, allergies, or restrictions regarding your student's medical care, please indicate them clearly below.

___ YES, I give permission for RYLA health professionals to give OTC medications to my student

___ NO, I do not give permission for RYLA health professionals to give OTC medications to my student.

Comments: _____

Parent/Guardian Signature: _____ Date: _____