

# T. L. STORER SCOUT CAMP

## PICK – UP AUTHORIZATION/PERMISSION SLIP

This form must be complete prior to camp for any Scout needing to leave camp. We will not be able to release a scout unless this form is on file.

**Procedure:**

1. The adult must sign in as a visitor and an notify the office assistant on duty, the Adult Leader will be notified
2. The Adult must be listed on the Pick Up Authorization Form
3. The adult must be positively identified with a photo ID
4. The bottom of this form must be completed and signed by: the adult, the unit leader and the camp representative.
5. The Scout can then be released to the adult.

Scout Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Troop #: \_\_\_\_\_ District: \_\_\_\_\_ Council: \_\_\_\_\_

Scoutmaster at Camp: \_\_\_\_\_

The follow individuals have authorization to pick my up my during his stay at camp. (Please include your own name)

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State: \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

SM signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Director Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: The Camp Director must be notified prior to a Scout leaving camp)