

2014 Cub Scout Day Camp - Tidewater Council Authorization to Pickup Scout

Camp Location _____

Someone other than the parent/guardian will be picking up my scout.

SCOUT'S NAME: _____ Day Camp Den # _____

People other than parent/guardian are AUTHORIZED to pick up my scout:

Without written and signed authorization, we cannot release your son to anyone other than a parent/guardian. Phone calls are NOT valid authorization.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian PRINTED Name: _____ Phone: _____

Parent/Guardian SIGNATURE: _____ Date: _____

This form will be held by the Scout's Den Leader at Day Camp.
Make sure these individuals picking up Scouts know what DEN they are in.
Each Scout sibling should have a separate form since they are probably in different Day Camp Dens.

Verify that the Scout's Medical Form has authorization to medically treat your son and we are authorized to photograph your son.