

CAMPER RELEASE AUTHORIZATION

To Be Completed Prior to Camp if a Camper Plans to Leave Early

My son may be released from Hidden Valley Scout Reservation only with the following person. I understand anyone picking up my son must be an adult(s) over 18 years of age and can leave camp only after securing the signature of an adult leader in camp from his unit. I understand and will inform persons reporting to Hidden Valley to pick up my son that they will be required to provide positive photo identification at the Camp Office upon their arrival.

Printed Name of	Scout:	
		District:
Adult Transporti	ing Camper Information:	
Full Name (print	t please):	
Phone Number:		
	Number:	
Relationship to t	he Child:	
Date of Release:		Time of Departure:
Reason for Depa	arture:	
Estimated Time	of Return:	
	or legal guardian of the camp to the person(s) listed above.	per, do hereby authorize the New Birth of Freedom Council, BSA to
Printed Name of Pa	rent or Legal Guardian	Signature of Parent or Legal Guardian
Date Signed:		
	To BE C	OMPLETED AT TIME OF RELEASE
Printed Name of Un	nit Leader Present	Signature of Unit Leader Present
Date and Time o	of Actual Release:	
Name of Staff M	Iember Verifving Release:	