

## CAMPER RELEASE PLAN

**COMPLETE A SEPARATE FORM FOR EACH CAMP YOU ARE ATTENDING (copies are acceptable).**

1. All campers are to be released to an authorized person.
2. Authorized person is to be directed to the designated Camp Office area to sign their camper out. The release log will contain the camper's name, the date and time of release and the authorized person's signature.
3. Where a custodial parent requests that a camper not be signed out to a non-custodial parent, such request must be made in writing.
4. When a last minute change occurs in who will be picking up a camper, the new instructions are to be double checked by the camp director or his/her designee.
5. Under no circumstances is a camper to be dropped off and left alone at camp. Every effort shall be made to contact the authorized person.

This section to be completed by parent or guardian:

Note: Adults listed below must be in attendance at this event. Attach additional list if required.

I authorize the release of \_\_\_\_\_ to the following adults:

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

### Release/Authorization

I give my permission for the Clinton Valley Council and/or the Boy Scouts of America to use any photographs, video or voice tapes taken of my child in camp activities for Cub Scout/Boy Scout public relations.

The health history contained herein is correct, so far as I know, and the person herein has permission to engage in all prescribed activities, except noted by me and the physician. In the event I cannot be reached in an emergency and every effort has been made to contact my spouse or next of kin or named emergency person, I hereby give permission to the physician, selected by the designated representative of BSA in charge, to hospitalize, to secure proper anesthesia, or to order injection or surgery for my child.

Signature \_\_\_\_\_

(Parent or Guardian)

Date \_\_\_\_\_

(Valid from 1 year from date signed)

**THIS FORM MUST BE ATTACHED TO ALL YOUTH MEDICAL FORMS FOR WEBELOS RESIDENT CAMP!**