

Release to/Permission to Pick-up Slip for:

Cub Scout: _____ Pack # _____

Is allowed to leave camp with (please select one):

- Only me
- Daily carpool adults as arranged by my pack
- The following people:

	Name	Relationship	Phone number
1.	_____		
2.	_____		
3.	_____		
4.	_____		

The following people are NOT ALLOWED to take my child from camp:

- 1. _____
- 2. _____

Parent/Guardian Signature **Date**