

Pick-Up Authorization / Permission Slip

Scout's Name _____ D.O.B. _____

Address _____

Council _____ District _____ Troop _____

Time of Departure _____

The following individuals have authorization to pick up my child

Please include your own name

Positive I.D. will be required

1. _____ Relationship

2. _____ Relationship

3. _____ Relationship

4. _____ Relationship

5. _____ Relationship

Parent/ Guardian Signature & Date