CAMP SQUANTO RELEASE OF SCOUTFORM

WEEK # __________ NAME ________________________________

☐ STAFF    ☐ CAMPER    TROOP # ________________  TOWN ________________

Individual picking up Scout ________________________________
Relationship ________________________________ ☐ Driver’s License Verification

Circumstances for Release: ________________________________

________________________________________________________________________

Release Date: __________________ Return Date: __________________

Parent or Guardian Signature ________________________________
Print

Scoutmaster Signature ________________________________
Print

Alternate Signature if not Parent ________________________________
Print

☐ IF SIGNATURE IS OTHER THAN THE PARENT OR GUARDIAN, CONTACTING THE PARENT BY PHONE OR
OBTAINING OTHER VERIFICATION BEFORE RELEASE IS REQUIRED.

☐ SCOUTS WILL NOT BE RELEASED TO ANOTHER YOUTH WITHOUT WRITTEN CONSENT OF PARENT.

Notes:

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CAMP OFFICE APPROVAL ________________________________

DATE ________________________________