



## Parental Release of Staff Form

*This form is to be used only if a camper will be picked up during camp.*

To ensure the safety of all staff, the Baltimore Area Council, BSA has enacted the following policy. Any staff member, who leaves camp for a night off or prior to normal day off departure time on Saturday, will be permitted to leave under the auspices of an adult approved by the parents of the staff member. This Parental Release of Staff Form, signed by the parents of the staff member must be on file at the Camp Administration Building. This form will list all adults, who are authorized by the parents, with whom their son or daughter may leave camp.

**Procedures for early departure:**

1. This form must be completed and signed by: the adult and the camp representative.
2. The Adult must be listed favorably on the Parental Release of Staff Form.
3. The adult must be positively identified with a photo ID and accepted by the Camp Director.
4. Then the staff member can then be released to the adult.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Please make certain to name, on back or additional forms, any adults who cannot be near your child.**

The follow individuals listed below DO have authorization to pick up my child during his stay at camp.

(Please be sure to include your own name if you will be picking up the staff member)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

As parent/Guardian of the staff member (listed above) I authorize the adults (listed above), with whom our son/daughter may leave camp.

Parent/Guardian Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**For camp use only below this line**

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

Scout Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SM signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Director Notified: \_\_\_\_\_ In-Person; \_\_\_\_\_ By Radio: \_\_\_\_\_ By Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Time Completed: \_\_\_\_\_