



Early Release Form For Day Camp

District: Golden Eagle Unit Number: _____ Date: _____

Scout Name: _____

Time of Check In: _____ Time of Check out: _____

Reason for Early Leave: _____

Authorized Adult Signature: _____

Copy of Photo ID will be taken of person taking and attached to this form. Will be turned into council at end of camp

Top Unit Leaders Signature: _____

Must be signed before Scout or Child will be allowed to Leave

Signature of Camp Registration Staff: _____

Camp Director Signature: _____

(Not required to release scout only to verify at end of day)

Notes (if any):

Registration office use:

Health form verified for authorization

Copy of Government ID attached to form

Health Officer Release and Reason: _____

The Heart of America Council takes the security of all Scouts at events seriously. We will not allow any Scout to leave without proper verification and Parent or Guardians permission. Please help in insuring a smooth process by completing this form. If it is for Health Emergency Please contact on site Health officer IMMEDIATELY to insure proper medical care is given.

NO ADULT WILL BE ALLOWED TO LEAVE WITH A CHILD AT AN EVENT WITHOUT FIRST CHECKING OUT WITH THE REGISTRAR.