

## Pick-Up Authorization / Permission Slip

Scout's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Council \_\_\_\_\_ District \_\_\_\_\_ Troop \_\_\_\_\_

**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

***(NOTE: This form stays with the Unit Leaders!)***