

Girl Scouts- North Carolina Coastal Pines

CAMPER RELEASE/PARENT AUTHORIZATION
Camp Graham

Session Dates: _____

Camper's Name: _____

Please list those adults authorized to pick up your daughter during or after camp. **Don't forget to include yourself.**

- | | | | | |
|----|-------|--------|--------------|------------------------|
| 1. | _____ | (____) | _____ | _____ |
| | Name | | Phone number | Relationship to camper |
| 2. | _____ | (____) | _____ | _____ |
| | Name | | Phone number | Relationship to camper |
| 3. | _____ | (____) | _____ | _____ |
| | Name | | Phone number | Relationship to camper |
| 4. | _____ | (____) | _____ | _____ |
| | Name | | Phone number | Relationship to camper |

To provide a safe and enjoyable camp experience for your camper, are there any custody situations we should be aware of?

When camper is picked up, a staff member will have adult sign below (do not sign now):

Signature of adult picking up: _____ Date: _____

For early release (before regularly scheduled pick up time):

Date of early release: _____ Time: _____ Reason for leaving: _____

Director's signature: _____

Did you get her luggage _____, medications _____, and Trading Post money? _____