

Girl Scouts- North Carolina Coastal Pines

**CAMPER RELEASE/PARENT AUTHORIZATION**  
 Camp Mary Atkinson

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?

\_\_\_\_\_  
 \_\_\_\_\_

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

Signature of adult picking up: \_\_\_\_\_ Date: \_\_\_\_\_

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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? \_\_\_\_\_*