



Bay-Lakes Council

Summer Camp Early Release Consent Form

I give permission for my son/daughter to leave summer camp early in the care of:

Pick-up Person Name: _____

Phone Number: _____

The above person will be picking the participant up on (date): _____ at (time): _____.

Participants Name: _____ Unit Number: _____

Camp Attending: _____ Week Attending: _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____ Date: _____