

Authorization for Transportation

Central NJ Council Boy Scouts of America - Day Camp

**THIS FORM IS REQUIRED ON YOUR FIRST DAY OF
CAMP!**

Your Son's Name

(Please Print)

Your Son's Name

(Please Print)

Your Name _____

(Please Print)

Your Emergency Contact Phone Number _____

PASSWORD _____

(Required to be able to speak about your son over the phone)

Because safety and security is of the utmost importance to us we have instituted the following security precautions. We will allow ONLY the following person(s) listed below to transport your child. This includes early pickup. We reserve the right to verify identification before the release of your child. If the individual listed below refuses to provide identification, we will not release your child. If you have special requests or security concerns in addition to these requirements, please list them in the space provided below or on a separate piece of paper.

Print Name

Print Name

Please turn this form in at check-in on your first day of camp.

Parent's Signature

Date

If you have questions about this form, please contact the Central New Jersey Council Program Director at (609) 419-1600 x22.