

**NAME:**

**Lost Lake Scout Reservation  
Summer Camp**

**Parent/Guardian Authorization for the Release of  
Camper From Camp**

**Camper's Name:** \_\_\_\_\_  
(Please Print with Ink)

**Troop Number:** \_\_\_\_\_

**Council Name:** \_\_\_\_\_

*Authorization is granted for the release of the aforementioned individual to employees, staff, volunteers and camp staff of Great Lakes Council #272 Boy Scouts of America. In addition, only those individuals listed below are authorized to remove the aforementioned individual from summer camp during their period of camping.*

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*(Include any parent or guardian who may remove camper but whose signature does not appear above.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(Please Print with Ink)**