



Girl Scouts of Central Maryland CAMP CONOWINGO RESIDENT CAMP

Camper Pick-up Form – ALL CAMPERS

This form must be completed and uploaded to your profile or turned in no later than drop-off. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed. Siblings attending camp at the same time may be listed on the same form.

NOTE For campers' safety we will be checking IDs and requiring a CODE WORD at pick-up. We will compare names on IDs to those on this form. Campers will only be released to the individuals listed below.

NO CHILD WILL BE RELEASED TO A PERSON NOT INCLUDED ON THIS LIST!

My child needs to be picked up early. Myself or the person(s) listed below will pick my child up on:
_____ at _____.
(Day) (Date) (Time)

PROGRAM camper is attending: _____ Dates camper will attend camp: _____

Camper Name: _____

Sibling Name: _____

****Code Word****: _____

Primary Pick-up : Parent/guardian with legal custody: _____ Relationship to Camper: _____

Name: _____ Phone Number: #1 (_____) _____ ; Home Cell Work

Email: _____ Phone Number: #2 (_____) _____ ; Home Cell Work

I hereby authorize the following person(s) to pick up my child from camp:

Name (First, Last)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person(s) that your camper may not be released to under any circumstances:

Name (First, Last)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian: _____ Date: _____