

# Early Dismissal Form



This form has been designed to meet both the requirements of the State of Ohio as well as the Boy Scouts of America. It must be filled out and signed by all appropriate parties in order for a Scout to be allowed to leave camp before the end of the week at camp. It should offer benefits to the Scout in assuring the proper identification is obtained before the Scout leaves camp, and benefit the leader in knowing exactly what the parent is requesting, and provide a record for that request.

|               |       |                     |
|---------------|-------|---------------------|
| Scout's Name: |       | Troop #:            |
| Campsite:     | Week: | Scoutmaster's Name: |

**Departures:** Fill out as many as apply. *Personal ID with PHOTO will be required from all adults authorized to pick up Scouts.*

|                                      |                           |
|--------------------------------------|---------------------------|
| Date of Departure #1:                | Time of Departure:        |
| Reason for Early Dismissal:          | Estimated Time of Return: |
| Name of Person Picking Up the Scout: | Phone #:                  |
| Address:                             |                           |

|                                      |                           |
|--------------------------------------|---------------------------|
| Date of Departure #2:                | Time of Departure:        |
| Reason for Early Dismissal:          | Estimated Time of Return: |
| Name of Person Picking Up the Scout: | Phone #:                  |
| Address:                             |                           |

|                                      |                           |
|--------------------------------------|---------------------------|
| Date of Departure #3:                | Time of Departure:        |
| Reason for Early Dismissal:          | Estimated Time of Return: |
| Name of Person Picking Up the Scout: | Phone #:                  |
| Address:                             |                           |

**Parent Information:** Please provide information and print and sign your name below.

|                       |                |
|-----------------------|----------------|
| Parent/Guardian Name: | Day Phone #:   |
| Address:              | Night Phone #: |
| City:                 | State/ZIP:     |

I hereby request that my Scout be permitted to leave camp for the above stated reason by the approved named individual/individuals listed above. I understand that the "Early Dismissal" from camp will be granted ONLY if the Scout follows the "Check-In, Check-Out" procedures outlined by the Black Swamp Area Council of the Boy Scouts of America.

|                             |                        |
|-----------------------------|------------------------|
| Print Parent/Guardian Name: | Date:                  |
| Parent/Guardian Signature:  | Relationship to Scout: |

Scout Name: \_\_\_\_\_

Troop #: \_\_\_\_\_

Campsite: \_\_\_\_\_