

PATHFINDER PICK-UP AUTHORIZATION



Pathfinder Name: _____ Parent/Guardian Name: _____

The following individuals are authorized to pick up my child from Pathfinder meetings and functions.

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

- All individuals listed must be at least 18 years of age and prepared to show photo I.D. if he/she is not known or recognized by a staff member.
- Any changes to the above list must be made in advance as your Pathfinder will not be released to anyone without prior written authorization.

All changes must be presented to the Pathfinder director, in person, by the parent/guardian.

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

PATHFINDER DIRECTOR SIGNATURE

DATE SIGNED

STAFF WITNESS SIGNATURE

DATE SIGNED

This is for the safety of your Pathfinder. Your cooperation is appreciated.