

**MINSI TRAILS COUNCI, INC.  
BOY SCOUTS OF AMERICA  
TREXLER SCOUT RESERVATION - SETTLERS CAMP**

---

RR 1 Box 1629  
Kunkletown, PA 18058  
(570) 629-0970

**Parent/Guardian Authorization for  
Camper Release/Departure from Camp Facilities**

All campers that must leave camp property, to return at a later time or day, must have this form completed, in advance, by a parent or guardian. This notice must be submitted to the camp office at the time of the Monday morning payment meeting with the Camp Director.

This notice must include the following: day, date, and time of personal event, indicating nature of activity; anticipated required departure and return to the camp facility; name, relationship, phone number, and address of individual(s) to pick up and transport camper. **Positive ID will be required for the individual authorized to pick up and transport camper.**

Please complete the below requested information for the camper, answer all questions and affix parent or guardian signature as authorization.

Camper Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Campsite \_\_\_\_\_ Unit # \_\_\_\_\_

Is authorized to leave the scheduled camp to participate in the following personal activity event

Activity/Event \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

The following individuals are authorized to pick up my camper. (Please include own name)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_