

## PICK-UP AUTHORIZATION FORM (TO BE COMPLETED BY PARENT(S)/LEGAL GUARDIAN(S))

- Please complete this form for anyone, including parent(s)/legal guardian(s), who will pick up your Girl Scout from Troop meetings/events, regardless of where the meeting/event takes place. Please write clearly.
- Submit this completed form **(one per Girl Scout)** to your Troop Leader.
- USAGSO Spangdahlem gives high priority to ensuring the safety of girls attending Girl Scout meetings/events; therefore, we will **not** release girls to anyone except a parent or guardian without a completed form.
- Please inform each of the persons listed below that they must be prepared to **show** identification when picking
  up your girl(s). **Please Note:** Any changes to the information provided below must be given to the Troop Leader
  in writing.

|  |  | Girl Ir      | ıforma        | tion       |            |         |                    |
|--|--|--------------|---------------|------------|------------|---------|--------------------|
| Name of Girl Scout (first, middle, last) |  |              | Troop/Group # |            |            |         | Level: D B J C S A |
|  |  |              |               |            |            |         |                    |
| Parent/Guardian Name Home Phone          |  | e Cell Phone |               | Email      |            |         |                    |
|  |  |              |               |            |            |         |                    |
| Parent/Guardian Name                     | Home Phone   | Home Phone   |               | Cell Phone |            |         |                    |
|  |  |              |               |            |            |         |                    |
| The following person                     | (s) are authorize                                    | ed to pic    | ck up m       | y Girl Sco | out from T | roop me | etings or events   |
|  | (photo ID m  |              |               |            |            | •       | ŭ                  |
| Name                                     |  | Relations    |               | ship       |            | Phone   |                    |
|  |  |              |               |            |            |         |                    |
| Name                                     |  | Relationship |               |            |            | Phone   |                    |
|  |  |              |               |            |            |         |                    |
| Name                                     |  | Relationship |               |            |            | Phone   |                    |
|  |  |              |               |            |            |         |                    |
| Name                                     |  | Relationship |               |            |            | Phone   |                    |
|  |  |              |               |            |            |         |                    |
| Permission to Walk Home fron             | n Girl Scout Mee                                     | tings/Ev     | vents         |            |            |         |                    |
| My Girl Scout has my permission to v     | valk home from Girl                                  | Scout me     | eetings/      | events: (  | O Yes      | O No    |                    |
|  |  |              |               |            |            |         |                    |
| I verify that all the above infor        | mation is true ar                                    | ıd corre     | ect to th     | e best of  | my knowl   | edge.   |                    |
| -  |  |              |               |            |            | -       |                    |
|  |  |              |               |            |            |         |                    |
| Parent/Guardian Signature                | rent/Guardian Signature Parent/Guardian Printed Name |              |               |            |            |         | Date               |