

PATHFINDER PICK-UP AUTHORIZATION

Pathfinder Name: _____ **Parent/Guardian Name:** _____

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

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

Name: _____ Relation to Pathfinder: _____

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

All individuals must be at least 18 years of age, and be prepared to show a picture I.D. if he/she is not recognized by a staff member.

Any changes in this list must be made in advance, as your Pathfinder will not be released to anyone without prior written authorization.

This is for the safety of your Pathfinder, and your cooperation

**All changes must be presented to the Director
by the parent/guardian in person.**

Parent/Guardian Signature

Date Signed

Administration Signature

Date Signed

