

Ohio Conference Pathfinder Pick - Up Authorization



Pathfinder Name:	Parent/Guardian Name:	
The following individ	uals are authorized to pick up my ch and other Pathfinder functions	9
Name:	Relation to Pathfinder:	Phone #:
Name:	Relation to Pathfinder:	Phone #:
Name:	Relation to Pathfinder:	Phone #:
Name:	Relation to Pathfinder:	Phone #:
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 is appreciated. All changes must be presented to the director by the parent/guardian in person.		
Parent S	ignature	Date Signed
Administrativ	e Signature	Date Signed