**Girl Scouts of Eastern South Carolina**



**Child Release Authorization**

As a safety precaution, advanced written and dated notification must be provided by the person who brings the child to the meeting, activity or event, before any child may be released to another individual.

I give my permission for (Child’s Name) Click here to enter text. to be released to

Name: Click here to enter text. Phone #: Click here to enter text. Date: Click here to enter a date.

Parent/Guardian Signature: Click here to enter text. Parent/Guardian contact number: Click here to enter text.

Date: Click here to enter a date. Alternate contact number: Click here to enter text.

**By typing my name in the box below I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.**



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