

Special Food/Talent Release/Release of Scout from Camp

This form is to be turned in at the 2-week Leaders Meeting, if not, we will not guarantee special request accommodation.

Name: _____ Troop: _____ Campsite: _____

Birth date: _____ Week at Camp: _____

Food Allergies: _____

Medical Allergies: _____

Other Allergies/
Emergency Conditions: _____

Special Dietary Concerns: _____

Special Foods

The Camp Frontier Commissary staff will do its best to provide the best dietary options with regard special requests. If there are special products that Camp Frontier does not usually keep in stock, you may be asked to provide those products for the Scout during his stay. By signing below, I understand and agree to the dietary concerns policy listed above.

Parent Signature _____ Date _____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

Parent Signature _____ Date _____

Release of Scout from Camp

The general rule is "a Scout is not permitted to leave camp early". Scouts will only be released to custodial parents/guardians or persons authorized by the parents. Under NO circumstances will a Scout be released to an unidentified person. If a Scout is required to leave camp early, parents/guardians are to make this request in writing and must pick him up at Loftus Lodge.

Camp Frontier/Pioneer Scout Reservation has my permission to release my child to the following person(s).

Name _____ Phone Number _____

Name _____ Phone Number _____

Is there anyone to whom you definitely do NOT want your child released to? If so, please list below.

Name _____ Phone Number _____

Name _____ Phone Number _____

Although ESC and Camp Staff are not health care providers, it is our objective to respect the privacy of our campers following the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464, even if this is not required.