

PARENTAL PERMISSION SLIP FOR CUB SCOUT ACTIVITIES

DEN _____ is planning a trip to _____

Location: _____

Date(s): _____ Time: _____ Phone: _____

ARRANGEMENTS FOR TRANSPORTATION

Time and Place of Departure: _____

Time and Place of Return: _____

Mode of Transportation: Car Van Bus Other (Specify) _____

LEADERS ACCOMPANYING BOYS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EACH BOY WILL NEED: _____

COST WILL BE: _____ TO COVER EXPENSES FOR: _____

EMERGENCY CONTACT PERSON: _____

In case of an emergency, the leader will notify the emergency contact person who will immediately notify parents.

A health exam within the current year is required for this activity. YES NO

Leader's Signature: _____

----- Parents - Please complete the bottom portion in full. Tear off and return to leader. -----

My Son _____ has permission to participate in _____

_____. He is in good physical condition and has not

had any serious illness or operation since his last health exam. During this activity, I may be

reached at: (address) _____ (phone) _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in

my behalf: Name: _____ Address: _____

Phone: _____ Relation to Scout: _____

Physicians Name: _____ Phone: _____

Upon signing this form, I hereby agree that the property owners, adults and leaders accompanying this den, and the Boy Scouts of America are exempt from all liabilities.

Parent's Signature