

PARENTAL PERMISSION FOR TROOP OUTING

Scout's Name: _____

The Scout whose name appears above has my/our permission to attend and participate in the Boy Scout activity scheduled for _____

date of scheduled troop outing

Please check at least one box

My son will be driving himself to the outing.

I Plan to attend the outing with my son, and:

[] I can help transport scouts to/from (please circle) the outing.

[] I can help transport equipment to/from (please circle) the outing.

My vehicle, _____, can accommodate ____ passengers with seat belts.

I will not be attending the outing, but:

[] I can help transport scouts to/from (please circle) the outing.

[] I can help transport equipment to/from (please circle) the outing.

My vehicle, _____, can accommodate ____ passengers with seat belts.

My son needs to leave the outing for the following reason: _____
He must leave camp at _____ AM/PM and return at _____ AM/PM. He will be picked up at camp by the following person(s): _____

I am not attending and I can not help in transportation.

IMPORTANT INFORMATION

Parent's Name: _____

Address: _____

Phone: (home) _____ (work) _____

Emergency contact person (other than parents): _____

Phone: (home) _____ (work) _____

Relationship: _____

no yes Is there any restrictions or limitation for this outing? If so, please indicate: _____

no yes Is your son taking any medication? If so, what type and how often: _____

no yes Are there any special instructions or information pertaining to this activity? If so, please indicate: _____

Signed: _____ Date: _____

signature of parent or legal guardian