



PARENT PERMISSION FORM

UNIT INFORMATION

Unit Type Pack Troop Team Crew Unit # _____ is planning a _____
Date/s: From: ___ / ___ / ___ To: ___ / ___ / ___ Time From: ___ : ___ AM PM To: ___ : ___ AM PM
Location _____ Site Phone (_____) _____

ARRANGEMENTS FOR TRANSPORTATION

Time and place of departure _____
Time and place of return _____
Mode of transportation _____

LEADERS

Leader's Name _____ Position _____
Leader's Name _____ Position _____

EXPENSES

Expenses Required _____
Equipment and Clothing _____
Camping _____ Food _____ Gas _____

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Only youth with signed permission may participate / Return this portion to the leader by ___ / ___ / ___

EMERGENCY CONTACT

In case of unusual circumstances (major delays, etc.), the leader will contact:
Name _____ Day Phone (_____) _____ Evening Phone (_____) _____
Name _____ Day Phone (_____) _____ Evening Phone (_____) _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO IN MY BEHALF:

Name _____ Relationship to Participant _____
Address _____ City _____ State _____ Zip _____
Day Phone (_____) _____ Evening Phone (_____) _____
Physician's Name _____ Day Phone (_____) _____
Additional remarks, allergies or special medical consideration regarding my son _____
_____ Date of Last Tetanus ___ / ___ / ___

Who Will Notify the Parents: Leader _____ Day Phone (_____) _____ Evening Phone (_____) _____

My child _____ has permission to participate in _____ Date ___ / ___ / ___

He/She is in good health and may engage in all activities YES NO. If NO, list any exceptions: _____

During the activity, I may be reached at: Address _____ City _____ State _____ Zip _____
Day Phone (_____) _____ Evening Phone (_____) _____

In case of an emergency, if none above can be contacted, I consent to treatment for my child under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent or Guardian's Name _____ Signature _____ Date ___ / ___ / ___
(PLEASE PRINT)