



PARENT PERMISSION FORM

UNIT INFORMATION

Unit Type Pack Troop Team Crew Unit # 608 is planning a Family camping trip
Date/s: From: 11 / 07 / 08 To: 11 / 09 / 08 Time From: 5 : 00 AM PM To: 12 : 00 AM PM
Location Indian Hills Camp, 15763 Lyons Valley Rd, Jamul, CA 91935 Site Phone (619) 669-6498

ARRANGEMENTS FOR TRANSPORTATION

Time and place of departure Meet at Indian Hills Camp, Friday evening
Time and place of return Depart from Indian Hills camp, Sunday morning
Mode of transportation Each family yo provide own transportation

LEADERS

Leader's Name Ben Neill Position Cubmaster
Leader's Name Craig Dickson Position Committee Chair

EXPENSES

Expenses Required \$20 per person for the weekend, payable to Pack 608 by October 21 Pack Meeting
Equipment and Clothing _____
Camping _____ Food Each family to provide own meals Gas _____

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Only BOYS 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 son _____ has permission to participate in _____ Date ___ / ___ / ___

He 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 son 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)