



# 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 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)**