



## PACK 3014 PERMISSION SLIP

Scout's Name: \_\_\_\_\_

Trip: \_\_\_\_\_

Date(s): \_\_\_\_\_

Meeting Time: \_\_\_\_\_ Place: \_\_\_\_\_

Pickup Date & Time: \_\_\_\_\_ Place: \_\_\_\_\_

Cost per person: \_\_\_\_\_ Payment: Cash: \_\_\_\_\_ Account: \_\_\_\_\_

I can provide transportation for \_\_\_\_\_ boys to / from this event.

If you have a scheduling conflict that will prevent your son from being present for the entire program, please indicate when he will be coming / leaving and with whom:

\_\_\_\_\_  
Please list any allergies or other medical conditions that warrant notification. Use the back of this form (if necessary) if there is any activity he may not participate in.

\_\_\_\_\_  
Please list any medications your son is currently taking:

**My/our son has reviewed his scout Handbook and I/we are satisfied that he is properly dressed and equipped for this activity. I/we understand that all Pack/Den activities are conducted in the spirit of the Scout Oath & Law. Any scout who, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home.**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son on this activity, I hereby agree to his participation and waive all claims against the leader of this trip/meeting and officers, agents, and representatives of the Boy Scouts of America. In the event of an emergency and I / we cannot be contacted, I give permission for emergency treatment by qualified medical personnel.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellular / pager: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_