

### PARENT'S PERMISSION FOR SPECIAL ACTIVITIES

(Every Scout taking part in any Boy Scout sponsored activity, other than at a regularly scheduled meeting of his Troop, Pack or Team, and/or requiring transportation, must present a permit slip signed by parent/guardian for each activity.)

Troop/Pack/Team \_\_\_\_\_ is planning a \_\_\_\_\_

on \_\_\_\_\_ through \_\_\_\_\_

Leader in Charge: \_\_\_\_\_

Leave From: \_\_\_\_\_ at \_\_\_\_\_ A.M.  
P.M.

Return To: \_\_\_\_\_ at \_\_\_\_\_ A.M.  
P.M.

Cost per Scout: \$ \_\_\_\_\_ for \_\_\_\_\_

Bring: \_\_\_\_\_

In case of emergency, leader will call \_\_\_\_\_

who will immediately get in touch with parents

(complete, detach and return bottom portion to Troop Leader)

My Son, \_\_\_\_\_ has permission to attend the

with Troop/Pack/Team \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ I will make sure that he does not attend if he is not feeling well.

Remarks:

ALTERNATE PERSON TO CONTACT IN EMERGENCY:

Phone: \_\_\_\_\_

TO UNIT LEADER:

My son, \_\_\_\_\_ is on special medication:

\_\_\_\_\_ for \_\_\_\_\_  
(Special medical conditions and/or restrictions, e.g. asthma, allergies, strenuous exercise, etc)

(If none, please write "NONE")

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone No. Days: \_\_\_\_\_ Eves: \_\_\_\_\_