



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 _____



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)