

BOY SCOUTS OF AMERICA, TROOP 246
PARENT PERMISSION SLIP FOR UNIT ACTIVITY

ACTIVITY: _____

DATE(S) _____

MEET AT: _____ TIME: _____ ON: ____/____/____

PICK UP AT _____ TIME: _____ ON: ____/____/____

COST OF ACTIVITY: \$ _____ EXTRA MONEY FOR: _____

ACTIVITY WILL INCLUDE THE FOLLOWING: _____

EQUIPMENT NEEDED: _____

PERMISSION SLIP AND MONEY TO BE RETURNED IN MARKED ENVELOPE

BY: ____/____/____

-----CUT OFF BOTTOM OF SLIP & RETURN TO A LEADER-----

PLEASE PRINT

ACTIVITY: _____

SCOUTS NAME: _____

WILL ADULT BE ATTENDING WITH SCOUT? IF SO NAME: _____

**PARENTS ARE EXPECTED TO PROVIDE OR ARRANGE TRANSPORTATION TO & FROM ALL
SCOUTING ACTIVITIES**

TRANSPORTATION TO PROVIDED BY: _____

TRANSPORTATION HOME PROVIDED BY: _____

1: My son has permission to participate in the above activity _____ YES _____ NO

2: I am willing for him to take part in the full program under the guidelines of the Boy Scouts of America _____ YES
_____ NO

3: I have submitted my son's health record _____ YES _____ NO

I hereby waive and release the Boy Scouts of America and all the individual staff members or volunteers working in connection with the Boy Scouts of America from any and all possible claims for injury to person or property which might arise in connection with my son's participation in activities sponsored by and/or provided by the Boy Scouts of America. I do not hold Council responsible for any accident or illness which might occur and charge the adult in charge, should it be necessary, to secure the service of a doctor at my expense. I understand that I will be notified in case of emergency.

IN CASE OF EMERGENCY

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: ____/____/____

EMERGENCY CONTACT: _____

EMERGENCY CONTACTS PHONE: ____-____-____ WORK: ____-____-____