

**PARENT'S PERMISSION FOR SPECIAL ACTIVITIES**

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

Pack/Troop/Team/Crew # \_\_\_\_\_ is planning a \_\_\_\_\_  
on \_\_\_\_\_ through \_\_\_\_\_.

Leader in Charge: \_\_\_\_\_ A.M.

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

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

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

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

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

*(When completed, detach and return bottom portion to the Unit Leader)*

My son, \_\_\_\_\_, has permission to attend the \_\_\_\_\_  
on \_\_\_\_\_ / \_\_\_\_\_ / 200 \_\_\_\_\_

with Pack/Troop/Team/Crew # \_\_\_\_\_. 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: \_\_\_\_\_

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

If none, please write, "NONE."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Phone No., Days: \_\_\_\_\_ Eve: \_\_\_\_\_