

ACTIVITY PERMISSION FORM

TYPE OF UNIT & NUMBER: _____ DATE: _____
 SCOUT ACTIVITY: _____ DEPARTURE TIME: _____
 LOCATION OF ACTIVITY: _____ RETURN TIME: _____
 ACTIVITY FEE: _____

I/We, the undersigned parent/guardian of _____ do hereby give my/our permission for my son's participation in the Scouting Activity listed above. I/We, also, release the adult leaders from liability, or loss resulting from my son's conduct for the duration of this outing. I/We further waive all claims or losses resulting in any injury while traveling to person or equipment.

I/We give _____ do not give _____ the adult leaders the authority to engage the service of a doctor to administer medicine and/or perform other medical or surgical services deemed necessary by the attending physician in the event of illness or injury that may occur to my/our son during this activity.

EMERGENCY PHONE: _____
 _____ Signature of Parent/Guardian

ALLERGIES: _____

MEDICAL INFORMATION: _____

INSURANCE INFORMATION: _____

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I am willing to attend the above mentioned Scouting Activity and assist the adult leaders _____ OR _____
 YES NO

I am willing to furnish transportation for this Scouting Activity _____ OR _____
 YES NO

AUTO INSURANCE INFORMATION: (Name of Company & type of coverage - include liability amounts)

Signature of Parent/Guardian: _____