

**CUB SCOUT PACK 449
PERMISSION FOR A CUB SCOUT ACTIVITY**

Den # _____ is planning _____
Date _____ Time _____
Location _____ Phone number _____

Arrangement for Transportation:

Time _____ and place of departure _____
Time _____ and place of return _____
Mode of transportation _____
Adults accompanying the scouts _____ and _____
Each scout will need \$ _____ for expenses to cover _____
Other equipment and clothing needed _____

In case of change of schedule or emergency the leader will notify:

(Name) _____ (Phone number) _____
Who will then notify the parents or guardians at the number you have listed for emergencies.

(Leader's signature) _____ (Phone number) _____

(Tear off and return this portion to Troop Leader or adult in charge of activity)

My son _____ has my permission to participate in _____
_____. I have reviewed her Health History Record
and confirm that all the information is current and correct. I have provided any medications that
my son will need to take in the original container with written instructions on when they are to be
dispensed. I give permission to the person trained in First Aid, or another adult in charge of the
activity to administer the medicine as needed.

During the activity, I may be reached at _____
(Address)
Phone # _____ Cell Phone # _____

If I cannot be reached in the event of any emergency, the following person is authorized to act in my behalf:

(Name) _____ (Relationship to participant) _____

(Address) _____ (Phone Number) _____

Signature of parent or legal guardian _____ Date _____

In addition to this form, a Health History Record completed and signed by the parent within the current year is required to be on file with the Den Leader or adult in charge.