

Parent Permission And Health History

Dear Parent(s) of Tiger Cub Group/ cub Scout Pack / Boy Scout Troop: _____

Your son has the opportunity to participate in the following activity. If you give your permission for him to be involved, please complete the following information and return it to your son's Scout leader. No youth will be allowed to participate unless the lower portion is complete and returned. Thank you for supporting the Boy Scout Program in your son's unit.

ACTIVITY _____

Location _____ Phone () _____

Date(s) _____

Depart from _____ at _____ a.m. / p.m.

Return to _____ at _____ a.m. / p.m.

Traveling by () car () van () bus () other _____

Adult Scout Leader(s) _____ Phone () _____

_____ Phone () _____

In case of emergency, the leader(s) will contact....

_____ Phone () _____

This person will then notify all parents.

- PLEASE NOTE:**
- () Additional activity information is on reverse side
 - () In addition to the Parental Permission, complete the Health History on the reverse side.
 - () _____

(Leader's Signature)

(Date)

(Detach and Return Lower Half to Leader)



PARENTAL PERMISSION

My son _____ has permission to participate in _____

on (date) _____. During the activity, I may be reached at _____

Phone () _____. If I cannot be reached, the following person will be available during the event and may act on my behalf:

_____ Phone () _____

() Yes () No, my son may be photographed and/or video taped for Boy Scout Publicity.

The following are the only authorized people to pick up my son:

_____ Relation _____
_____ Relation _____

I understand and give permission that if any medical treatment is necessary, my son may be treated and/or hospitalized by a health care provider or physician selected by the group leader as required by the injury or emergency setting. Every effort will be made to contact me immediately.

(Signature of Parent / Guardian)

(Date)

ADDITIONAL ACTIVITY INFORMATION

Each boy will need:

- Expenses _____
- Meals _____
- Transportation _____
- Clothing or Equipment _____
- Other _____
- Items to Leave at Home _____
- The Health History below is not needed if the leader has and will take a completed Health History form on back of the Scout's Joining Application.

(Detach and Return Lower Part to Leader)

HEALTH HISTORY

Is your son subject to any of the following? Check those applicable and explain below:

- | | | | |
|-----------------|------------------|---------------------|------------------|
| _____ Allergies | _____ Bedwetting | _____ Headaches | _____ Nausea |
| _____ Asthma | _____ Fainting | _____ Heart Trouble | _____ Nosebleeds |

List and define any above noted: _____

List any restrictions the leader(s) should be aware of: _____

Date of last Tetanus Shot _____ 20____

Name of Physician _____ Phone (____) _____

I will not allow my son to attend if he is not feeling well the day of the activity. I give permission for health care as defined in the parental permission on the reverse side.

(Signature of Parent / Guardian)

(Date)