

PARENT PERMISSION SLIP FORM

Activity: _____

Date and time of activity: _____

Location of activity: _____

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Driver's name(s): _____

Items needed for activity: _____

Caregivers, return the bottom portion of this form to the troop leader by _____

Activity: _____

☐ _____
permission for her to participate.

☐ _____

☐ To the best of my knowledge, the participating child is in good health and free of illness at this time.

☐ I give permission for the participating child to be photographed for print, digital or electronic images.
These images may be used by the troop or the council in news releases or other published formats.

☐ I wish to opt out of the above media permission.

Please list any serious health problems or allergies that may affect the child during this activity:

During this activity, I can be reached at home or by cell at these numbers:

Home Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf.
Please make sure this person is aware of the date and time of the activity.

Name: _____

Relationship to the participating child: _____ Phone: _____

Who will pick up the participating child after the activity (name and relation):

Name _____ Relation _____

Caregiver Signature

Date

☐ I acknowledge I am the legal guardian of the participating child and am responsible for submitting an updated form if anything changes. Any special instructions or comments are included on the reverse side.