

PERMISSION FORM
Boy Scouts of America, Cub Scout Pack 70
New Canaan, CT

This form is required for all Pack 70 trips. No boy may go on a trip without providing this form prior to travel. The leaders will do everything in our power to protect your son. Two adults will be present at all activities. At least one trained adult will be present on all trips

I hereby give permission for my son to be transported, including travel outside the State of Connecticut, by the Cubmaster, or his designee, from New Canaan, CT to:

Trip destination: _____

Permission is valid for (trip dates): _____

Scout's Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____

Emergency Phone #: _____

In consideration of the benefits to be derived, and in view of the fact that Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip and officers, agents and representatives of Boy Scouts of America.

MEDICAL INFORMATION

Check any and all that apply:

Allergy to a medicine, food, plant, animal, insect or toxin

Any conditions that may require special care, medication or diet

ADD/ADHD

Asthma Convulsions Heart Trouble Contact Lenses

Diabetes Fainting Spells Bleeding Disorders

Limitations of physical activity: _____

MEDICAL EMERGENCY

In case of accident, injury or illness while participating in Pack activities, I hereby give my permission to the doctor selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications. .

Signature of Parent or Guardian _____ Date: _____

Print Name: _____

Relationship: _____

Revised 3/1/08