



PARENTAL PERMISSION FORM

A c t i v i t y	Information	☐ If this is a High Risk Activity
☐ Day Trip ☐ Overnight	-	For program that include horseback riding, canoeing, caving, rock climbing, rappelling,
	Camping Date:	swimming, or other physically strenuous or
		hazardous activities, parent or guardian
Activity Location:		should recognize that these activities can be
- 	<u>-</u>	dangerous and that sometimes serious injuries
Arrival Time:		may occur.
Return Time:		
Transportation:	Cost:	☐ If this is a Sensitive Issue Activity
Each child should bring per	sonal & Troop equipment as agreed	Please discuss this activity with your child.
Leaders:		Attendance is optional for all or part of the activity. However, it is the parent or child's
Adults Attending:	Phone:	responsibility to communicate to the leader
	DI	your needs prior to the activity date.
	Phone:	
Emergency Contact: Phone: Phone:		
r lease complete the form belo	ow and return by.	
	PARENTAL PERMISSIO	DN
* Parent: If this	is a high risk or sensitive issue activity, please	
Talonia is a might tool of bondary to look a dearway, produce		For High Risk Activities*
I am the parent/guardian of		For High Kisk Activities
1 6		The control decrease had been declared as a Calcar
I have read the description of the activity planned on:		I have read the attached description of the
r	<u></u>	activity planned and I understand that my
My child will pay the fee of		child will be exposed to above normal risk of
Try clina will pay the fee of		injury. I sustain that to the best of my
I will be responsible for ensuring that my child bring the required		knowledge, my child has the maturity,
equipment and attends only if in good physical condition.		required skills and physical ability to
equipment and attends only if	in good physical condition.	participate in the activity described above.
Tundantand that all injuries that might account a manabild and out of migh		
I understand that all injuries that might occur to my child are out of wish		Initial: Date:
and waive the leader/troop of the responsibility.		
I gave special permission and/or instructions for the following medication:		For Sensitive Issue Activities*
This medicine will be properly labeled and given to the adult First Aider.		I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that
Mother/Guardian:	Phone:	are, or could be, considered to be of a sensitive or controversial nature. I have
Father/Guardian:	Phone:	discussed this activity with my child and am confident of her/his maturity/ability to
Emergency contact:	Phone:	participate.
		Initial: Date:
		For Photographs
I give my permission of my child to participate YES NO		I give my permission for my child to be
<i>y</i> 1		photographed and allow the troop to release
G :	→	said pictures for publicity purposes.
Signature	Date:	YES NO