# PENNSBURY PACK 100
# PERMISSION SLIP FOR
# OUTINGS AND SPECIAL ACTIVITIES

Scout's Name:_____

My son, _____ has my permission to attend _____ on _____ with Cub Scout Pack 100. I understand that they will be leaving from _____ and returning to _____.

I understand that my son will be riding with _____

I will make sure he does not attend if he is not feeling well and will let you know. If his physical activity is to be limited in any way, it is noted below (if additional space is need please use the back of this form):

_____

Parent Permission

If you would like your child to participate in this event, please complete, sign and return this consent/indemnity agreement. As parent or legal guardian, you further agree to defend and fully indemnify Fallsington United Methodist Church, the Boy Scouts of America, Pack 100 and it's leaders and volunteers against any claim, which may result from any personal actions taken by your child. As parent or legal guardian, you further agree to fully indemnify and hold harmless Fallingston United Methodist Church, the Boy Scouts of America, Pack 100 and it's leaders and volunteers against any claim which took place during the above identified activity if that claim or cause of action is brought by your child or their parent/legal guardian. I hereby consent to participation by my above named child in the event described above.

I certify that I have an understanding of this agreement and the activity described above that my child would be participating in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the Pack to clarify any concerns or questions about the activity that I may have had.

_____ _____
Parent/Guardian Name Date

_____ _____
Parent/Guardian Signature Phone

Trip or Outing

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

_____ _____
Name Phone

_____ _____
Physician's Name Phone