

**Boy Scouts of America
Orange County Council
Parent's Permission Form**

Unit _____ Is Planning: _____

Date of Activity: From _____ to _____

Activity Location: _____

Unit will meet – Place: _____ Time: _____

Unit will return – Place: _____ Time: _____

Unit Leader or Tour Leader: _____

Mode of Transportation: _____

For parents or guardians, in case of an emergency or delay, call:

Name: _____ Phone: _____

Alternate: _____ Phone: _____

Special instructions or equipment required:

PARENTS: PLEASE KEEP THE ABOVE INFORMATION. SIGN & RETURN THE FORM BELOW

PARENT'S PERMISSION FORM

I request that my son, _____, be permitted to go with unit # _____ on a outing/trip to _____

From (date) _____ to _____. He is in good physical condition. Should any illness or accident occur to him on the outing/trip, I **will not** hold liable the Boy Scouts of America, the Orange County Council or Unit _____, it's officers or leaders, for medical aid rendered and will reimburse the Orange County Council, BSA or Unit _____ for all medical or other expenses incurred in behalf of my son.

My son may receive necessary first aid. He may receive medical attention by a duly licensed physician. He may be admitted to a hospital in case of an emergency. This authorization is given pursuant to section 25.8 of the civil code of this state of California and remains effective only for the event and dates listed above. Parents will be contacted immediately, if possible.

Is he presently taking medication: Yes or No What: _____

Any restrictions on activities: _____

Emergency contact – Name: _____ Phone: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____ Phone: _____