

**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: \_\_\_\_\_