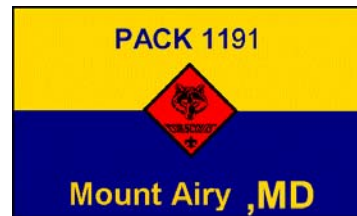




Cub Scout Pack 1191  
 1110 Poplar Grove Court  
 Mount Airy, Maryland 21771  
<http://www.pack1191.org>



Beth May, Committee Chair

John Rose, Cubmaster

**PACK/DEN ACTIVITY PERMISSION SLIP AND PARENT RELEASE FORM**

Activity: \_\_\_\_\_ Dates: \_\_\_\_\_

Departure site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Return site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Expenses: \_\_\_\_\_

Permission slip and money due by: \_\_\_\_\_

Special instructions: \_\_\_\_\_

For further information, contact: \_\_\_\_\_

THE SCOUTS WILL DEPART PROMPTLY AT THE INDICATED TIME. PERMISSION SLIP AND EXPENSE MONEY MUST BE TURNED IN BY THIS DUE DATE.

PARENT RELEASE FORM AND TRANSPORTATION SURVEY

SCOUT \_\_\_\_\_ MAY PARTICIPATE IN THE ABOVE PACK 1191 ACTIVITY

**IMPORTANT: I DO HEREBY GRANT MY PERMISSION TO HOSPITAL OR HEALTH CENTER STAFF MEMBERS TO ADMINISTER IMMEDIATE TREATMENT TO MY SON SHOULD HE BE INJURED OR BECOME ILL WHILE PARTICIPATING IN THE ABOVE ACTIVITY. I ALSO AGREE TO HOLD HARMLESS THE BOY SCOUTS OF AMERICA AND/OR ITS REGISTERED LEADERS FOR ANY INJURY INCURRED AS A RESULT OF MY SON'S PARTICIPATION IN THIS ACTIVITY.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PH# \_\_\_\_\_ WORK PH# \_\_\_\_\_

DESIGNATED EMERG CONTACT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY # \_\_\_\_\_

MEDICATIONS ALLERGIC TO: \_\_\_\_\_

I CAN \_\_\_\_\_ CANNOT \_\_\_\_\_ PROVIDE TRANSPORTATION FOR # \_\_\_\_\_ SCOUTS.

ROUND TRIP: \_\_\_\_\_ TO ONLY: \_\_\_\_\_ FROM ONLY: \_\_\_\_\_