

PARENT/CAREGIVER PERMISSION FORM

Use this form for special troop activities and return it promptly to your troop leader in order to ensure participation in the event. **Instructions:** Troop leader fills out Section 1. Parent/caregiver signs Section 2 and returns to troop leader before participation.

Section 1

Troop/Group #: _____ is planning a _____

Date: _____ Time: _____

Phone: _____ Location: _____

Arrangements for transportation: _____

Time/place of departure: _____

Time/place of return: _____

Mode of transportation: _____

Leaders accompanying the children:

Name(s): _____

Each child will need to bring:

Expenses: _____

Equipment and clothing: _____

In case of an emergency, the leader will notify the at home contact person who will immediately notify the caregivers.

At home contact's name: _____ Phone: _____

Leader's signature: _____ Phone: _____

☐ **Sensitive Issues Activity**—If this box is checked we plan to take part in activities involving sensitive issues. Attendance is optional for all or part of the activities.

☐ **High Risk Activity**—If this box is checked we plan to take part in activities that could be considered high risk. Attendance is optional for all or part of the activities.

(Detach and return to troop leader)

Section 2

My child, _____ has permission to participate in _____
_____ ☐ Yes ☐ No

During the activity, I may be reached at _____ Phone: _____

Address: _____

If I/we cannot be reached in the event of an emergency, the following person is authorized to act on my/our behalf:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Physician: _____ Phone: _____

Additional remarks: _____

☐ **Sensitive Issues Activity**—I understand that my child will participate in activities that could be considered sensitive. I am confident in their maturity and am comfortable with their participation.

☐ **High Risk Activity**—I understand that my child will participate in activities that could be considered high risk. I am confident in their health and ability to participate.

Parent/Caregiver Signature: _____ Date: _____