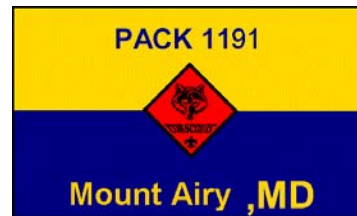




Cub Scout Pack 1191
 1110 Poplar Grove Court
 Mount Airy, Maryland 21771
<http://www.pack1191.org>



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: _____