

Boy Scouts of America Cub Scout Pack 1

PERMISSION SLIP

Scout's name(s):

PLEASE PRINT

Destination/Location:

Date(s):

My son(s) _____
(PLEASE PRINT) has/have permission to participate in the above-referenced trip. I/we hereby knowingly and voluntarily waive any and all claims that we have or may have against drivers who furnish transportation, leaders or volunteers of Cub Scout Pack 1, Minnehaha United Methodist Church, Metro Lakes District, Northern Star Council, and the Boy Scouts of America for any and all occurrences that might arise of whatever cause and nature. No liability whatsoever is assumed or will be exercised by the above-named parties. If I/we cannot be reached in case of an emergency, I also give my permission to the adult leader(s) in charge to secure appropriate medical treatment, including administration of over-the-counter medications and emergency medical treatment and transportation, if necessary, at my expense and I agree to reimburse the Pack for all costs so incurred.

In case of an emergency I can be reached at:

Home: _____ Cell: _____

Or, contact if I am not available: _____ at

Home: _____ Work: _____ Cell: _____

Your printed name: _____

Your signature: _____ Date: _____

I have arranged for my son(s) to be directly supervised by (name of adult attending)

Adult's signature: _____

Your signature certifies that you have agreed to be responsible for and supervise this Scout at all times during this event.

PARENTS AND ADULTS: Please read and understand the guidelines and information on the back of this sheet including the Medical Allergies and Treatment section. If you have any questions, please contact your Scout's Den Leader before completing and submitting this Permission Slip.

PLEASE SEE BACK and complete "MEDICAL ALLERGIES AND TREATMENT!"
Boy Scouts of America guidelines for Pack Overnighers:

Pack Overnights are Pack-organized events involving more than one family from a single Pack, focused on age-appropriate Cub Scout activities and conducted at Council-approved locations. If non-members (siblings) participate, the event must be structured accordingly to accommodate them. BSA health and safety and youth protection guidelines apply. In most cases, each youth member will be under the supervision of a parent or guardian. In all cases, each youth participant is responsible to a specific adult. At least one adult on a Pack Overnighter must have completed Basic Adult Leader Outdoor Orientation to properly understand the importance of program intent, youth protection guidelines, health and safety, site selection, age-appropriate activities, and sufficient adult participation.

Food:

The Pack will make reasonable efforts to accommodate food allergies and preferences, if notified at least one week in advance. When the Pack is unable to do so, the parent and responsible adult are responsible for bringing food to Camp.

Medications:

Providing, storing, and administering a Scout's medications, both prescription and over-the-counter, are the responsibility of the responsible adult.

MEDICAL ALLERGIES AND TREATMENT:

Does your Scout have any allergies to medicine? Yes No

If yes, list medication(s) that he is allergic to _____

Yes, I give permission for an adult leader to give my Scout an over-the-counter medication as required.

No, I do not give permission for an adult leader to give my Scout an over-the-counter medication as required.

Uniforms:

Scouts and adult leaders should wear field uniforms (blue or khaki shirts) while traveling and activity uniforms at Camp (Pack 1 or other Scouting t-shirts). Parents must ensure that Scouts dress appropriately for the weather and activity and have sufficient clothes and gear.