

**Cub Scout Pack 735, Bonsall, CA
San Diego – Imperial Council
Boy Scouts of America**

Parent's Consent to Activity or Trip

Activity or Trip: _____

Location: _____

Departure Date & Time: _____ Loc: _____

Return Date & Time: _____ Loc: _____

Event Leader: _____ Phone: _____

Cost: \$ _____ Includes meals Does not include meals N/A

Permission slip and fee are due on or before: _____



✂ Detach and return ✂

Waiver of Responsibility: I authorize participation of this scout in the activity or trip identified above and waive all claims against the leaders and volunteers of Pack 735; any sponsor or members and employees of the sponsor(s); the officers, employees, agents and representatives of the San Diego - Imperial Council or the Boy Scouts of America in connection with any occurrence in the course of this activity or trip.

In the event my son should require urgent or emergency medical attention, the Event Leader, Pack Cubmaster, or other trained Scout leader has my permission to obtain for this Scout medical treatment from any hospital, physician, and/or other appropriate health care provider as selected by the leader should such treatment be deemed to be necessary, at my expense, except as noted below.

Event: _____ Date: _____

Scout Name: _____

Street address / City / State / Zip: _____

Emergency phone (home): _____ (work): _____

Printed name of parent / legal guardian signing below: _____

Parent's Signature: _____ Date: _____

Health Insurance Company: _____

Policy / Group Number: _____

Special Instructions / medications / needs: