



Cub Scout Pack 587

*Grand Canyon Council – Gila River District
Chandler, Arizona*



Perpetual Permission Slip

Scout's Name: _____

Valid from: _____ until 11th birthday: _____

I / We _____, _____,
the legal guardians of the scout mentioned above, give permission for him or her to attend Cub Scout Pack 587 activities, den meeting, field trips, and campouts with the understanding that hazardous situations may occur and that accidents may happen. I / We hereby relieve the volunteers of Pack 587 (including but not limited to Cubmasters, Den Leaders, and other registered volunteers of the pack) and the entity Pack 587 from any legal liability for personal injury or accidental death of the child named above. This will include all times that the above child is participating in a Pack 587 sanctioned activity. I / We also relieve all drivers of any liability on any authorized trip to or from a Pack 587 activity. Furthermore, in case of emergency, I / We grant permission for rendering of all emergency medical attention by qualified medical personnel.

My child has a unique medical condition of: _____ (state none if none) and I / We will ensure that he has all proper medication with him for the duration of any scouting function.

Home Phone: _____

Cellular / Mobile Phone: _____

E-Mail Address: _____

Alternate Contact & Phone: _____

Alternate Contact & Phone: _____

Parent / Guardian Signature

Date



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