PARENT PERMISSION SAMPLE FORM

Sample

PARENT PERMISSION

(For Venturers and guests, under 21 years of age, participating in a Venturing crew trip or activity)

_____ has my permission to participate in
(Venturer or guest)

_____ on _____.
(Activity or trip) (Date)

I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to X-ray examination, anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. (It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.)

Signature _____ Date _____

Phone numbers where I can be reached during the time of this activity:

Home (_____) _____ or Work (_____) _____