

Transportation Permission Slip

I give my permission to _____
(name of driver(s))

(name of driver(s))

(name of driver(s))

(name of driver(s))

To transport/sign in/sign out my child _____
(name of child or children)

to, from and during Cub Scout Adventure Camp

During Cub Scout Adventure Camp I may be reached at:

Home Phone # _____ Mobile Phone # _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Phone # _____

Relationship to participant _____

Other comments _____

Signature of parent/legal guardian _____

Date _____