

**Pack 207  
Permission Slip**

Den: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in this outing. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

\_\_\_\_\_  
Parent / guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

Other Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Phone: