

## Annual Permission Notification Form

Use this form as a guide to help you notify parents/guardians with all the information they need in the following instances:

- Location change of a regularly scheduled meeting.
- Day Trip.
- Other Event/Activity lasting eight (8) hours or less.

[Accident/Incident Report](#)

**Communicate the details included in this form for each activity to parents/guardians and copy your SUM or designee in an agreed-upon way, such as email, group text, etc.**

### Activity Information

Date: \_\_\_\_\_ Activity Description: \_\_\_\_\_

Destination Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transportation to Meeting Point ☐ Walk ☐ Parent/Caregiver Private Vehicle ☐ Troop Carpooling ☐ Other \_\_\_\_\_

Drop Off Location: \_\_\_\_\_ Time: \_\_\_\_\_ Pick up Location: \_\_\_\_\_ Time: \_\_\_\_\_

Troop/Group Pays: \_\_\_\_\_ Family Pays: \_\_\_\_\_ Purpose of Fee: \_\_\_\_\_

Please Bring: \_\_\_\_\_

### Troop Information Required

Troop/Group #: \_\_\_\_\_ Level(s): ☐ D ☐ B ☐ J ☐ C ☐ S ☐ A Service Unit: \_\_\_\_\_

Leader/Adult in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Leader/Adult in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Adult who is not attending event/activity)

Name of First-Aider: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_  
(Valid certification in First Aid/CPR/AED)

☐ **Attach list of supervising adults (SUM to verify for membership, background screening, & mandated reporter training)**