

Scout Permission Slip – Troop 32

Activity: _____

Location: _____

Date: From: _____ To: _____

Depart: _____

Return: _____

Fee: \$ _____

Special Note(s): _____

Keep this section

Return this section with payment, if any.

PERMISSION SLIP AND MEDICAL RELEASE

My son, _____

has my permission to attend the _____

with Troop 32 on (date) _____.

Parent Participating?: Yes / No

Parent Driving?: Yes / No

Payment: \$ _____ paid with this registration. Charge Scout Account \$ _____

Have there been any changes in your son's health that are not reflected on his Class 3 Medical Form currently on file with the troop that we need to know about? Yes ___ No ___

Details? _____

In case of emergency, I hereby give my permission to the adult leaders in charge to seek medical attention, and to the attending physician to hospitalize and/or secure proper medical treatment for my son.

Parent/Guardian name (print): _____

Signature: _____ Date: _____

Phone number(s) where you can be reached while we are gone: _____