



Check In
Paid Cash \$ _____
Paid Check \$ _____

TROOP 5 PERMISSION SLIP

Scout's Name: _____

Trip: _____

Date(s): _____

Meeting time: _____ Place: _____

Pickup time: _____ Place: _____

Medical Insurance:

Company: _____ Policy # _____

Physician _____

Phone Number _____

Please list any allergies or other medical conditions that warrant notification. Please note any activity he may not participate in. If necessary use the back of this form.

Please list any medications your son is currently taking. If necessary use the back of this form.

My/our son has reviewed his equipment checklist in his scout Handbook and I/we are satisfied that he is properly dressed and equipped for this activity. I/we understand that all troop activities are conducted in the spirit of the Scout Oath & Law. Any scout who, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son on this activity, I hereby agree to his participation and waive all claims against the leader of this trip and officers, agents, and representatives of the Boy Scouts of America. In the event of an emergency and I / we cannot be contacted, I give permission for emergency treatment by qualified medical personnel.

Parent's signature: _____ Date: _____

Print Parent's Name: _____

Home Phone: _____ Cellular / pager: _____

Emergency contact other than Parents: _____ Phone: _____

My son will be picked up by _____ (if other than parent)

This form is required for all trips. There will always be adequate supervision for your son and we will do everything in our power to protect him.

Brian White, Scoutmaster