

PARENT/GUARDIAN PERMISSION SLIP

My son/Scout _____ has my permission to go with Troop 941 to attend

_____ for the dates _____.

I am aware that every effort will be made to contact parents through home and emergency numbers in case of accident or illness. However, if it is necessary for a physician to attend my child before I can be reached, he may have emergency medical treatment at my expense.

Signed _____ Date: _____

Signed _____ Date: _____

Parents'/Guardian's Phone Number(s): _____ (HOME)

_____ (HOME)

_____ (WORK)

_____ (WORK)

Alternate Emergency Contact(s) and Phone Number(s):

Notes for Scout Leaders of any special requirements, cautions, planned absences, dietary restrictions, medication, etc. the adult Leaders should be aware of:

My son has my permission to take the above medications as noted with the restrictions above. I also understand that the Troop leaders are not medical doctors and thus cannot be responsible for administering the medicine or for the potential effects of taking the medicine and thus do not hold them responsible negative effects that may occur.

Signed: _____ Date: _____