

TROOP 1214 PERMISSION SLIP

TROOP EVENT: _____

DATES OF EVENT: _____

My son(s), _____ has/have permission to participate in the Boy Scout event identified above and is/are in good physical condition and should not be restricted from any activities unless described below. I understand that this trip involves physical activity and that injuries can occur. I give permission to the designated adult leaders of Troop 1214 to administer over the counter medication or to transport my son(s) to a medical facility if the need arises. In the event I cannot be reached, I give permission for the designated adult leaders of Troop 1214 to authorize medical treatment for my son(s).

PARENT/GUARDIAN NAME: _____

PHONE: Home: _____ Cell: _____

If I cannot be reached in the event of an emergency , please contact the following individual:

NAME: _____

RELATIONSHIP TO SCOUT: _____

PHONE: Home: _____ Cell: _____

DOCTOR'S NAME: _____

INSURANCE COMPANY: _____

ENROLLMENT #: _____

HEALTH REMARKS: _____

SIGNATURE: _____ DATE: _____