

TROOP 511 PERMISSION SLIP

Total number of Scouts Attending (from this family): _____

Total number of Adults Attending (from this family): _____

Will the Adult be driving? (YES _____ NO _____)

If Yes, how many additional Scouts can you transport? _____

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My child/children _____ has/have
permission to : (Name/Location of Outing)

Date(s) of Outing _____

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Is he/they in good physical condition with no serious illness or operations since his last health exam? (YES _____ NO _____).

Is he/they currently taking any medication? (YES _____ NO _____).
If yes, specify on back side.

Does he/they have any chronic or on-going medical problems of which the leader should be aware? (Such as allergies, diabetes, etc.). If yes, specify on back side (YES _____ NO _____).

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During this activity, I (parent or guardian) may be reached at:

ADDRESS: _____ PHONE: _____

If I am not available, contact: _____

Phone(s): _____ (Home) or _____ (cell)

SIGNATURE (parent or guardian)

DATE

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the person in charge to secure emergency treatment for my son/sons as named above.

SIGNATURE (parent or guardian)

DATE

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Adults that will also be attending this event (Please Print)
