

Troop 72 Permission Slip

_____ has my permission to attend the following event:

During the event I can be reached at (Phone): _____

If I cannot be reached in the event of an emergency, the following person should be contacted.

Name: _____ Phone: _____

NOTE: It is the parent's responsibility to see that their son takes any necessary medication on troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending of the required dosage and schedule.

Medications and dosage: _____

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency: _____

In the event of an emergency, the adult in charge is authorized to act on my behalf.

Adult who will pick up and take your Scout home after the event:

Name: _____ Phone: _____

If your Scout will be leaving the event early, please indicate day and time: _____

Date

Scout's Signature

Date

Parent or Guardian Signature

_____ I will drive for this event and can take _____ Scouts along.