

Troop 72 Permission Form

_____ 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:

Please list any dietary concerns: _____

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

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

Adult who will pickup and take your Scout home after event:

Name: _____ Phone: _____

- Payment from Scout Account
- Pay by Check
- Pay by Cash

Date Scout's Signature

Date Parent or Guardian Signature