

Scout Name _____

TROOP 19 ACTIVITY PERMISSION SLIP

PLEASE RETURN THIS SHEET

Day/Date: _____

Cost: See Below

Leave From: _____

Time: _____

Return To _____

Time: _____

Emergency Phone Number: _____

Adult Leader:

Scout Leader

Parents of Scouts: Your help is needed, Please join us!

I will attend this Troop activity	Yes	No
I will drive for this Troop activity.	Yes	No
If yes, how many passengers?	#__	With Gear #__
<u>Driver information:</u>		
Year & Model _____		
Owner name: _____		
Driver Name: _____ Driver's license # _____		
Insurance: Liability/each person _____		
Liability/each accident _____ Property damage _____		

SCOUT INFORMATION

Scout Name: _____

has my permission to attend the Troop 19 activity on _____ and to receive any emergency medical treatment and/or anesthesia that may be required. He requires the following medicine; _____, to be administered (how often) _____

Do you want the unit leader to carry the medication? Yes No

He is allergic to the following: _____

Does the scout have any condition that precludes strenuous physical activity? Yes No

I have read this form and attached checklist and understand what my Scout and I are responsible for in order to make this activity a successful experience. – Thank you

Signature of Parent/Guardian

Date

Phone number(s) where you can be reached during the activity: _____

Emergency contact name and phone number(s) in the event you cannot be reached:

Name: _____ Ph. No. _____

Permission Slip & Payment DUE