

Patrol Leader: _____ Scout Name: _____

Canobie Lake Park 85 N. Policy Street Salem, New Hampshire 03079

TROOP 19 SCOUT PERMISSION SLIP

Due Tues. 6/18

Activity: **Canobie Lake Park**

Location: Canobie Lake Park 85 N. Policy Street Salem, New Hampshire 03079

Day/Date: Tuesday, June 25 at 5:00 PM to 9:00 PM Scout Coordinator: SPL

Cost: \$17.50 cash per Person paid to Jerry Harrigan **Due Tues. 6/18**

Meeting At: Canobie Lake Park, Infront of the Park Entrance Gate

Emergency Numbers: NH State Police: (800) 852 3411

Adult Leader: Jerry Harrigan: (603) 377 0601

PARENT INFORMATION

Parent/Guardian:	I would like to attend <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes,	
Health & Safety Forms Required for all attending: <input type="checkbox"/> Forms A,B <input type="checkbox"/> Forms A,B,C	
My Cell phone #	<input type="checkbox"/> Sorry, I have no cell phone

SCOUT INFORMATION:

I have paid my Troop Dues? No Yes, so I may attend. Verified-Troop Treasurer

Scout's Name: _____ has my permission to attend and to receive any emergency medical treatment and/or anesthesia that may be required. I will verify that my son's medical form is current. Scout Leaders will carry a copy of my son's current medical form which contains medication taken, allergies, insurance, and emergency contact information.

Health & Safety Forms Required for all attending: <input type="checkbox"/> <input type="checkbox"/>
He requires the following medication (dosage/freq):
Who will carry medication? (Circle one) (Scout) (Adult Leader) (Parent/Guardian attending)
He is allergic to the following:
Does the scout have any condition that precludes strenuous physical activity? <input type="checkbox"/> <input type="checkbox"/>
My son will attend the full activity. <input type="checkbox"/> <input type="checkbox"/>
If NO, special arrival/departure notes:

I have read this form. I understand what My Scout and I are responsible to make this activity a successful experience. My Scout will follow Scout Oath and Law.

Signature of Parent/Guardian _____ Date _____

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

Emergency Contact (other than you): _____ Phone _____

Optional But Suggested

Additional Spending Money	Dry Change of Clothing
Swim suit and towel	Small Carry Bag

