

PARENT PERMISSION

Troop 706 is planning a

Date and Time:

Location:

Phone:

Activities will include:

ARRANGEMENTS FOR TRANSPORTATION

Time and Place of Departure:

Time and Place of Return:

Mode of Transportation:

LEADERS ACCOMPANYING THE SCOUTS

Name:

Name:

Name:

EACH SCOUT WILL NEED

Expenses:

Other Equipment and Clothing:

IN CASE OF EMERGENCY, the leader will notify the troop Emergency Contact Person who will immediately notify the parents

Emergency Contact Person:

Telephone Number:

PLEASE COMPLETE THE ATTACHED PAGE AND RETURN TO THE TROOP LEADER.

My son, _____, has permission to participate in the

Are there any physical conditions for which special arrangements need to be made? Yes No. If so, what are they?

Suggestions or health related information for troop leader:

My son will be taking the following medication which has been prescribed for her: _____

This medication is for: _____

My son, _____, may be given Tylenol:
 Yes No

During this activity I can be reached at: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____

Address: _____

Relation to Participant: _____

Phone#: _____

Physician's Name and Phone#: _____

Additional Remarks: _____

Signature of Custodial Parent/Guardian _____

Date _____