

**Parent/Guardian Permission Slip**

Troop 947 is planning: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Departing From: \_\_\_\_\_

Meeting Time: \_\_\_\_\_ Departing Time: \_\_\_\_\_

Returning To: \_\_\_\_\_

Returning Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Transportation By: \_\_\_\_\_

Supplies to Bring: \_\_\_\_\_

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My son, \_\_\_\_\_ has permission to  
participate in \_\_\_\_\_ on (date) \_\_\_\_\_

Is he in good physical condition with no serious illness or operation since his last health exam? YES \_\_\_ NO \_\_\_.

Is he currently taking any medications?  
YES \_\_\_ NO \_\_\_. Please specify: \_\_\_\_\_

Does he have any chronic or ongoing medical conditions of which the leaders should be aware? (Such as: Allergies, diabetes, ear infection, contact lenses, etc.) Please specify:

\_\_\_\_\_

\_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Medical Insurance Coverage: \_\_\_\_\_

Contract/Policy #: \_\_\_\_\_

During this activity, I can be reached at: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

If I can not be reached, please contact : \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature Date

In the event that I can not be reached in EMERGENCY, I hereby give permission to the Physician selected by the person in charge to secure emergency treatment for my child as named above.

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Parent/Guardian Signature Date

**Note: The Boy Scout will not be allowed to participate in the above activity without parent/guardian permission.**