

TROOP 42 PERMISSION SLIP

**** PLEASE FILL OUT ONE PERMISSION SLIP PER SCOUT ****

My son (name) _____ has my permission to go to (place) _____ with troop as an outing. This outing will take place from (date) _____ and will return on (date) _____

HOME PHONE _____

WORK PHONE _____

PAGER # _____

MOBILE PHONE _____

OTHER PHONE _____

Alternate contact in case of emergency:

Name _____ **Phone** _____

ALLERGIES _____

My son is on medications (Yes) _____ (no) _____

If yes describe in detail type of medicine, when medicine is to be taken, and the dosage. (Please print) _____

I agree to Obey and live by the Scout Oath and Scout Law. I understand that if my behavior or actions require me to leave (camp/activity) my parents will be responsible to provide transportation.

SCOUTS SIGNATURE _____ (date) _____

PARENTS SIGNATURE _____ (date) _____

***** Please feel free to copy as needed *****