

TROOP 42 PERMISSION SLIP

**** ONE PERMISSION SLIP PER SCOUT ****

My son (name) _____ has my permission to go to **WPAFB Fire Station** with Troop 42. This outing will take place from **February 25, 2008**. The troop will car pool to and from the base.

HOME PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

PAGER # _____

CELL PHONE: _____

OTHER PHONE: _____

Alternate contact in case of emergency:

Name: _____ (relationship: _____);

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. Use back if necessary. (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.

SCOUT'S SIGNATURE _____ (date) _____

PARENT'S SIGNATURE _____ (date) _____

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