ACTIVITY PERMISSION SLIP

Keep the top half of this form for your records. Complete the bottom portion and return to the event leader.

Thank you,
Greg Seibert – Scoutmaster

When camping with Troop 305:

1) NO FOOD IN TENTS.
2) No scouts in tents with adults
3) No use of tobacco products by those who are not of legal age or near / in-sight of scouts
4) No open flames in tents
5) No aerosol products, pump bug sprays only please
6) A scout is helpful (courteous, kind etc)
6) When picking up your scout, be sure to check out with the event leader before leaving.

Activity: _____ **Date:** _____

Location: _____

Leaving from: _____ **at this time:** _____

Returning to: _____ **at this time:** _____

Cost: $_____

Event Leader & Contact # _____

My Scout, _____ has my permission to attend the (ACTIVITY) _____ with Troop 305 on (DATE) _____.

I will see that he does not attend unless he is in good health. In the event of an emergency I herby give my permission to a physician selected by the Troop leader in charge to treat, hospitalize, administer anesthesia, order injections or perform emergency surgery. I have informed the Troop leader of all allergies and medications to be aware of.

Medications & instructions:

_____

_____

_____

Allergies to food or medications:

_____

_____

_____

Insurance Carrier & Policy #: _____

Emergency Phone Numbers: _____

_____

Parent/Guardian Signature: _____

Paid by: ◯ CASH ◯ CHECK _____ ◯ TROOP ACCOUNT