**PERMISSION SLIP** (Parents keep this part) **TROOP 583**

# ACTIVITY

Your signature is required in order that your son may participate in the following activity. If you will attend please check adult. If you will drive please include TOTAL NUMBER OF SEATBELTS.

WHAT:

Leave: Time:

Return:

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission slip due**:**

Emergency call:

(This is the contact person in Denver.)

Scout In-Charge contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult In-Charge contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Activity Cost:  Scout:  Adult: |  |  |

Food Cost:

**Patrol Equipment List: typical**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Individual Equipment:**

**Special Instructions and Essentials:**

**PERMISSION SLIP** (Scoutmaster carries this part) **TROOP 583**

slip must be turned in by the date noted

# WHAT:

Leave: Time:

Return:

Drive: ( ) No ( ) Yes, total number of seat belts \_\_\_\_\_\_\_\_

PARENT NAME: PHONE:

Adult Attending ( ) Yes ( ) No

SCOUT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATROL: \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

By signing below I acknowledge that some dangers are inherent in every activity including this one. I give my permission for my son to participate in the above activity.

SIGNATURE:

If you do not wish your son's picture to appear in the troop web site check here. [ ]

In case of emergency, I understand that every effort will be made to notify me. In the event I cannot be reached, I give permission to the physician selected by the leader to hospitalize and secure proper treatment, including surgery for my son.

SIGNATURE: DATE:

DOCTOR'S NAME: PHONE:

PRIMARY INSURANCE COMPANY

POLICY NUMBER

Please list any medication, prescription drugs, allergies, or dietary conditions, which should be known by the leader.