

TROOP 20 PARENT PERMISSION SLIP

Scouts's Name: _____

Activity:

Date of Activity:

PARENT AUTHORIZATION: The person herein described has permission to attend the above activity and to engage in all prescribed activities. In the event I cannot be reached in an emergency, I give permission to the Adult Leader in charge to authorize medical assistance including but not limited to hospitalization, anesthesia, or to order injection or surgery for my son.

Signature: _____ Date: _____
(Parent or Guardian)

Emergency Contact (name): _____ Phone #: _____

Insurance Co. & Policy #: _____

Medical/Health Restrictions/Allergies: _____