

Scouts BSA Troop 652
Event/Activity Permission Slip

Checked By: _____

Event _____

Date(s) _____

Location _____

Scout (1) _____

Scout (2) _____

Scout (3) _____

My child(ren) listed above has/have my permission to participate in the event or activity named above.

Emergency Authorization:

In the event of a medical emergency, I _____ authorize the adult leaders of BSA Troop 652 to take my child(ren) _____ and have all necessary medical treatment performed on him/her, provided all efforts to contact me have been made.

During the event, I can be reached at the following phone numbers:

Mobile _____ Home _____ Other _____

Other Parent/Contact Name: _____ Relation to Scout(s): _____

Mobile _____ Home _____ Other _____

Signature: _____ Date: _____

If Drivers are Needed: We would appreciate your participation by helping to get our scouts to this event/activity. Please volunteer and fill out the information below:

Name: _____ Phone: _____

Driver's license #: _____ Ins. Co.: _____

Number of Scouts I can drive: _____