



**BSA Troop 652 Brecksville**  
**Event/Activity Permission Slip**

scoutmaster@troop652bsa.org  
committee.chair@troop652bsa.org

Form checked by \_\_\_\_\_

Event \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Scout 1 \_\_\_\_\_

Scout 2 \_\_\_\_\_

Scout 3 \_\_\_\_\_

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

**Emergency Authorization**

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

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

Phone \_\_\_\_\_ Other \_\_\_\_\_

In the event of an emergency, you can also contact:

Name \_\_\_\_\_ Relation to Scout(s) \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transportation Authorization**

I authorize all registered adult troop leaders to transport my child(ren) to and from this event. Initials: \_\_\_\_\_

The following non-registered adults also have permission to transport my child(ren) to and from this event:

Name, Phone Number \_\_\_\_\_ Name, Phone Number \_\_\_\_\_

Adults **NOT** authorized to take my child(ren) to and from this event:

Name(s) \_\_\_\_\_