



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. YES NO 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) _____