

Boy Scout Troop 110
Scout Permission Slip for Troop Trips and Outings

Troop 110 is planning (what): _____

Location: _____

Date: from _____ to _____

Leaders in charge:

_____ p/n _____

_____ p/n _____

Leaving from _____ At (time) _____

Returning to _____ At (time) _____

If delayed on the return, the leader will call:

(name) _____ (phone) _____ and you will be notified.

Notes: _____

Keep the above section.

Return this section.

My son , _____ , has my permission to attend the
_____ with Troop 110 on (date) _____.

Permission is hereby given to Troop 110 leadership to deduct from my son's account the amount of money necessary to cover his expenses for this outing, or to bill me for same.

Parent/Guardian signature _____ Date: _____

Medical Release

Is your son taking any medication? No ____ Yes ____

what: _____

Is your son allergic to any drugs or medications? No ____ Yes ____

what: _____

Does your son have any medical conditions we should know about? No ____ Yes ____

explain: _____

In case of emergency, my permission is hereby given to the leaders in charge to seek medical attention, and to the attending physician to hospitalize and /or secure proper treatment for my son.

Parent/Guardian signature _____ Date: _____

Phone number where you can be reached while we are gone: _____

Name and phone number of personal physician: _____