

Boy Scout Troop 637 Activity Permission Slip

*Please print and return this
completed form with fees when
signing up for the activity.*

Date of Activity: _____

Destination: _____

Cost (per person): _____

Departure Time/Location: _____

Return Time/Location: _____

My son, _____ has my permission to participate in the above named activity on the above dates. I understand the cost will be as noted above, payable at the time of sign-up.

During this activity I can be reached at: _____
 Phone Cell Pager Other

Address: _____
 Home Work Other

Emergency Information

My son's doctor is: _____ Phone # _____

My son's preferred medical facility is: _____

Medication and dosages or allergy information: _____

If I cannot be reached in the event of an emergency, the following person(s) are authorized to act in my behalf in all matters pertaining to the securing and administering of medical treatment for my son.

Name: _____ Phone #: _____

Relationship: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

- I will attend this activity.
- Other family members attending this activity: Number: _____ (other than myself and my son)
- I am able to drive and transport _____ additional individuals (other than myself and my son)
- I am able to drive and transport equipment and supplies.
- I plan to bring the following additional equipment: _____