

Boy Scout Troop 652
Event/Activity Permission Slip

Checked By: _____

Event _____

Date (s) _____

Location _____

Scout (1) _____

Scout (2) _____

Scout (3) _____

Scout (4) _____

My son(s) 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 son(s) _____ and have all necessary medical treatment performed on him, provided all efforts to contact me have been made.

I can be reached during the event/activity at the following phone numbers:

Home . () _____.

Business . () _____.

Mobile/Cell . () _____.

Parent Name: _____.

Relation to Scout(s): _____.

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: _____.