

TROOP 800 - PARENT PERMISSION FORM

ACTIVITY: _____

COST AND TRANSPORTATION ARRANGEMENTS _____

TIME/PLACE FOR DEPARTURE: _____

TIME/PLACE FOR RETURN: _____

ACTIVITY Leader: _____ PH: _____

Asst. ACTIVITY Leader: _____ PH: _____

COST PER SCOUT: _____

UNIFORM: _____

-----Return the bottom portion and keep the top -----

RETURN THIS PORTION TO LEADERS
ONLY SCOUTS WITH SIGNED PERMISSION SLIPS MAY PARTICIPATE!!!

My son _____ has permission to participate in the above activity _____.

He is in good health and may engage in all activities: _____ Yes _____ No. (If no please list exceptions)

During the activity, I may be reached at: _____ Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Date of last Tetanus: _____

My son has my permission to be given the following medication if needed:

TYLENOL 500 Mg. YES NO

DRAMINE 25 Mg, YES NO

ANTI-DIARRHEAL 2 Mg. (LOPERAMIDE - HCL) YES NO

Additional remarks, allergies or special medical consideration regarding my son: _____

UNIFORM SHIRT MUST BE WORN WHEN TRAVELING TO AND FROM THE ACTIVITY. LAYERS AND LONG PANTS ARE REQUIRED. NO ELECTRONICS ALLOWED. ADULT LEADERS WILL HAVE CELL PHONES.

In case of emergency, if none of the above can be contacted, I consent to treatment for my son under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

The minor has my permission to travel to _____ with Troop 800 to participate in this Activity.

Signed: _____ Date: _____

Parent or Legal Guardian's Signature