**Boy Scout Permission Slip**

Date.: \_

I hereby grant permission for --------------

to attend and

participate in the following event: \_

which will take place on \_

with Boy Scout Troop 481.

My son is taking the following medication(s): \_

My son has the following problems: (including colds, allergies, etc.) that could interfere with his ability to participate: \_

Contact Phone Numbers:

**HOME: CELL: WORK:**

The person herein described above has permission to engage in all prescribed activities, except those noted by his physician or me. In the event I cannot be reached in an emergency, I hereby give my permission (the undersigned) to any physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order any type of necessary injection or surgery for my son.





(PARENT OR GUARDIAN)

Insurance Information (Company, Policy No., Phone No.):

Family Doctor (Name, phone number, address, military or civilian):

**Please fill out completely and return to the Scoutmaster or the Adult Lead for the outing one week before the scheduled event.**