

Boy Scout Troop 73 Permission Slip for Troop Trips and Outings

Troop 73 is planning (what): _____

Location: _____

Date: from _____ to _____

Leaving from Troop Shed at (time) _____

Returning to Troop Shed at (time) _____

Keep the above section.

Return this section.

My son, _____, has my permission to attend the
_____ with Troop 73 on (date) _____

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.

Medical Insurance Information:

Insurance Company _____

Policy & Group Number _____

Social Security Number _____

Parent/Guardian signature _____ Date: _____

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

Name and phone number of personal physician: _____