

Troop 391 BSA Garner, NC
Permission Slip for Troop Activities

Scout _____ has my permission to participate in the _____ activity that will occur on ____/____/____.

In the event of a medical emergency he may be treated for such an emergency under the supervision of the Scoutmaster or designated event adult leader :
_____ without first consulting with the undersigned parent or guardian.
_____ only after consulting the undersigned parent or guardian.

Signed: _____ parent / guardian

Date: _____

Cut on the dashed line:

Scouts: Be sure to fill in your name, the correct date and event description.
Parents: Be sure to select the correct medical treatment option and sign and date the form. When arriving at the gathering place, please hand this permission slip personally to the Scoutmaster and sign your son in as having arrived.
file: permslp rev. 9/15/00