



TROOP 18 ACTIVITY PERMISSION SLIP

PLEASE RETURN COMPLETED PERMISSION SLIP AND PAYMENT TO THE ACTIVITIES CHAIRPERSON OR DEPOSIT THEM IN THE LOCK-BOX AT TROOP MEETINGS. YOUR CANCELLED CHECK IS YOUR RECEIPT. YOU MAY KEEP THE UPPER PORTION FOR YOUR RECORDS.

EVENT: _____ PLACE: _____ DATE: _____

PLEASE FILL OUT ALL LINES BELOW:

_____\$ CAMP FEE (SCOUT) \$_____ ADULT FEE, WILL ALSO ATTEND YES / NO

TROOP 18 ACTIVITY PERMISSION SLIP

EVENT: _____

PLACE: _____

DATE: _____

I GIVE MY SON, _____, PERMISSION TO ATTEND THE ABOVE ACTIVITY WITH TROOP 18.

HE WILL BE DRIVEN TO THE EVENT BY (driver's name): _____

HE WILL BE PICKED UP BY (driver's name): _____

IN CASE OF EMERGENCY CALL: PHONE# _____ OR _____.

IN THE EVENT NO ONE CAN BE REACHED AT THESE NUMBERS, I GIVE MY PERMISSION FOR EMERGENCY MEDICAL TREATMENT BY A PHYSICIAN OR HOSPITAL, IF NECESSARY. PLEASE INDICATE ANY CHANGES TO THE SCOUT'S MEDICAL FORM ON FILE:

DO YOU NEED AN ADULT LEADER TO HOLD AND DISPENSE ANY MEDICATION? _____

USE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION OF WHICH THE UNIT ACTIVITY LEADER SHOULD BE AWARE.

PARENT/GUARDIAN SIGNATURE: _____