

PERMISSION SLIP

I give my son permission to go to _____ on _____ with Troop 52

In the event of an injury and I am not available I give permission to the troop leadership to authorize whatever medical attention is required for my son.

I plan to be home while my son is at camp.

Yes _____ No _____

If I am not home I may be reached at:

Vehicle Year and Make	_____
#Passengers	_____
Owner's name	_____
Driver's license #	_____
Seatbelts for all?	_____
Liability each person	_____
Liability each accident	_____
Property damage	_____

If I cannot be reached please contact:

My son is taking the following medication(s):

taken at (time) _____

My son will arrive at camp at _____ (time) on _____ (day)

He will leave at _____ (time) on _____ (day)

and return at _____ (time) on _____ (day)

My son has the following allergies:

My son can take Benedryl: Yes _____ No _____

_____ (signature)

relation to Scout _____

Troop Insurance: Health Special Risk, Inc (HSR) Policy # **PTP N00327402**

Family Insurance:

Company

Policy No.

Scout's cell: _____

Home Phone: _____

Scout's Name: _____