

TROOP 52 PERMISSION SLIP

I give my son permission to go _____ 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:

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 _____

Home Phone: _____

Scout's Name: _____