

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: \_\_\_\_\_