

# Troop 120 Permission Slip

\_\_\_\_\_ has my permission to attend the following event:

\_\_\_\_\_

During the event I can be reached at (Phone): \_\_\_\_\_.

If I cannot be reached in the event of an emergency, the following person should be contacted.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** It is the parent's responsibility to see that their son takes any necessary medication on troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending of the required dosage and schedule.

Medications and dosage: \_\_\_\_\_

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, the adult in charge is authorized to act on my behalf.

\_\_\_\_\_ Scout's Signature

\_\_\_\_\_ Parent or Guardian Signature

I will drive and can take \_\_\_\_\_ scouts along.