

TROOP 13
PERMISSION SLIP

My Son _____ has my permission to attend the following Boy Scout Event. In a Medical Emergency, I authorize the TROOP 13 Adult Scout Leaders to administer or authorize Emergency Medical Treatment, including surgical, requiring my permission.
Emergency contact telephone # for this event _____

Parents are encouraged to attend.

Will Parent be joining us? YES _____ NO _____

If Yes, name of parent (a) _____

(There is no charge for parents attending campouts: however at the campsite adults usually contribute a small amount to cover their food costs).

BOY SCOUT EVENT 12/16 Field Trip to Providence Englewood Charter School

PARENT SIGNATURE _____

• This signed permission slip should be returned at the next meeting or delivered to Michael Holling at 515 Essex prior to the field trip.

All forms and payments for this event must be received by the due date (n/a).

Please list all medical conditions and/or medications:
