

Boys Scouts of America
Troop 184 Permission Slip

WHAT _____

WHERE _____

WHEN _____

DEPART _____

RETURN _____

LEADERS _____

FEE _____

GEAR _____

SLEEPING IN _____

SPECIAL CONSIDERATIONS: _____

For any questions contact the adult activity leader _____
@ _____. Keep top section for your records and return
bottom section to _____ by _____.

SCOUT _____

has permission to attend the _____

I waive all claims against BSA, GNFC, Troop 184, St. Paul's Lutheran Church and their representatives on account of accident, injury, illness or damage that may occur during this outing. I being the parent/legal guardian of the above named minor to hereby appoint to act on my behalf during the period of said outing in my absence, the responsible adult(s) in charge.

(print) Parent/Legal Guardian

(sign) Parent/Legal Guardian

date

Emergency contact # 1 _____

Emergency contact # 2 _____

Medical conditions/restriction _____

Medication time/dosage/name _____

Insurance carrier/Membership # _____

Pediatrician _____

Parent will attend? Yes ___ No ___ Name _____ Youth Protection # _____

Payment: Troop Funds _____ Check # _____