

# Troop 72 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:

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

Please list any food allergies or dietary concerns: \_\_\_\_\_

\_\_\_\_\_

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

If your Scout will be leaving early, please indicate day and time: \_\_\_\_\_

Adult who will pickup and take your Scout home after event:

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

\$ \_\_\_\_\_/per person

- Payment from Scout Account
- Pay by Check
- Pay by Cash

Non-Registered Adults Attending:

Please indicate status of Youth Protection Training

- Certificate attached
- Certificate on file

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Any non-registered adults attending this event must have completed Youth Protection Training.**