Troop 66 Event Permission Slip

Date: _____

Dear Parent or Guardian,

Your son(s) has expressed interest in participating in the following event or function:

What: _____

Where and When: _____

Need to Bring:

- ☐ Sack Lunch &/or Personal Snacks
- ☐ Boy Scout Book & Pen
- ☐ Water Bottle(s)
- ☐ Work Gloves
- ☐ Merit Badge Book / Event Handout & Pen
- ☐ Any Physician Prescribed Medication w/instructions
- ☐ Spending Money (about $_____)
- ☐ Hiking/Work Boots
- ☐ Personal Camp Gear for Weekend Camping
- ☐ Other: _____

What to Wear: ☐ Class A Uniform ☐ Troop Shirt and/or Hoody ☐ Appropriate clothing

Leaving from: _____ **Returning to:** _____

This Event's Coordinator: _____ **Phone(s):** _____

Please complete and return the form below if he will be joining us. Please mark the calendar now and return this Permission Slip with the fee/cost to the Senior Patrol Leader NLT _____(the Closing Date).

NOTE: *Names appearing on the Troop's Event Sign-up Sheet at the time of the closing date for sign-ups are responsible for payment of the trip cost reflected below, regardless of attendance. If you commit to attend, then find you can't go after the closing date, you need to find someone to fill your place. Any outstanding costs will be charged to your Scout Account.*

Cut here *Cut here* *Cut here*

Parent/Guardian's Authorization and Medical Release

Scout's Name(s): _____

What: _____

Where and When: _____

Pay the fee/cost by:

- ☐ Cash in the amount of $_____ ☐ Enclosed
- ☐ Check # _____ for $_____ ☐ Enclosed
- ☐ Take the full amount from his troop account.

I can volunteer to:

- ☐ Drive scouts ☐ to /☐☐ from the event.
  - My vehicle has seatbelts for the driver plus _____ riders.
  - My DL# is: _____ My License Plate # is: _____
- ☐ I can tow the trailer (if needed).
- ☐ I plan to attend the event as an adult leader for ☐ all /☐ part of the event.

Please note any exceptions and medical conditions on the back of this sheet.

- I hereby give permission for my son to be transported to the place of the Troop activity by the leaders and/or other authorized parents.
- I hereby give permission to the Leader (or his representative) to secure any treatment my son needs in case of an emergency and I cannot be reached.
- I also hereby give permission to the physician or medical facility to treat my son and understand that the treatment will begin even if I cannot be reached.

HEALTH INSURANCE CARRIER: _____

HEALTH INSURANCE GROUP NO: _____ HEALTH INSURANCE ID NO:_____

The following phone numbers are given to aid the Leader (*or his representative*) in locating me. However, I understand that medical treatment may begin even if I cannot be reached.

Home: _____ **Work**: _____ **Cell**: _____

My son has my permission to participate: _____ _____

Parent / Guardian *Date*