

Troop #162: All Purpose- Permission Slip

My son, _____ has my permission to attend:

Event: _____

Dates of event: ___/___/___ through ___/___/___.

Location of Event: _____

Are there any special medical or health needs for this scout? Yes No

If Yes,

explain: _____

During the Event I can be reached at this phone number:

Home: 937-____-_____, Cell:____-____-_____, Other:____-____-_____

In the event the undersigned cannot be contacted in the case of emergency treatment for the child above, I, the undersigned, agree to the following conditions:

The adult leader may take my child for treatment to a military treatment facility when available or the nearest civilian treatment center.

Medical authorities (military or civilian) may at their discretion, treat or hospitalize my child as required.

Parent/Guardian Signature: _____

Date: ___/___/___