

TROOP 114

PARENTAL PERMISSION FOR TROOP ACTIVITY

My son \_\_\_\_\_ has my permission to participate in  
\_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_

He is in good physical condition.

During the activity I may be reached at ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Allergies or Special Conditions:

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

**EMERGENCY MEDICAL CARE AUTHORIZATION:** In the even of an emergency, I give my consent for emergency medical treatment as deemed necessary.

I have reviewed the information regarding the activity with my child. I understand that troop Scoutmaster has full authority over my child during this activity/trip and reserves the right to restrict a Scout, call parents collect and/or, ask the parent to remove his scout, if a discipline problem arises (decisions with regard to discipline will be made by the Scoutmaster in charge).

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAKE SURE THAT THE POSSESSIONS AND LUGGAGE OF MY CHILD DO NOT CONTAIN ANY ILLEGAL OR DANGEROUS SUBSTANCE, OR ANYTHING THAT COULD BE HARMFUL OR NUISANCE TO THE SMOOTH AND ORDERLY RUNNING OF THE TROOP AND/OR THIS ACTIVITY/TRIP.**

\_\_\_\_\_  
Parent/Guardian  
Signature

\_\_\_\_\_  
Date