

BOY SCOUT/VENTURER PARENT PERMISSION SLIP

STATE THE EVENT HERE

WE WILL MEET Day of the week, Month date at Time to meet a.m. or p.m. (location where to meet)

WE WILL RETURN Day of the week, Month date at Time we will return (will call approx. 1/2 hr before arrival)

THE COST IS \$ x.00 -
\$ x.00 -
\$ x.00 -
DUE date for the Troop and date for the Crew

LEADER(S) IN CHARGE List Leader/Scout/Venturer in charge (xxx)xxx-xxxx

EMERGENCY CONTACT List Emergency contact person (xxx)xxx-xxxx

ITEMS TO BRING & WHAT TO WEAR:

- + What to wear
- + What to bring
- + Lunch?
- + Spending money?
- + Miscellaneous
- +
- +

CUT OFF AND RETURN BOTTOM PORTION

RETURN BOTTOM PORTION BY Date - Troop
Date - Crew

Amount paid \$	_____
Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Account
Date	_____ Initial _____
category	_____ @ \$x.00 = _____
category	_____ @ \$x.00 = _____
category	_____ @ \$x.00 = _____

MY SCOUT/VENTURER _____ HAS MY PERMISSION TO GO TO

STATE THE EVENT HERE

I UNDERSTAND THE COST IS \$ x.00 - category
\$ x.00 - category
\$ x.00 - category

IF IT IS NECESSARY FOR A PHYSICIAN TO ATTEND MY SCOUT, THEY MAY HAVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE.

PARENT SIGNATURE _____

PRINT NAME _____ PHONE () _____

EMERGENCY CONTACT _____ PHONE () _____

ALLERGIES _____

*If your scout has a serious allergy, they must carry an epinephrine pen and inform the leaders they have it.

*If your scout is a diabetic, they must let the leaders know and carry emergency insulin with them.

*If your scout is asthmatic, they must carry an inhaler and let the leaders know.