

Boy Scout Troop 7 Permission Slip

My Son, _____, has my permission to attend the Troop 7 camping trip to:

Destination or activity

Date(s)

In the case of an emergency, I hereby grant the adult leaders present permission to secure whatever medical treatment they deem appropriate for my Son. In order to provide the adult leaders and any medical personnel with all necessary medical information regarding my Son, I am providing the following information with the understanding that they will keep the information confidential except as necessary to properly care for my Son:

My Son has the following medical condition(s):

(Write "None" if there are no medical conditions applicable).

My Son is allergic to the following:

(Write "None" if there are no allergies).

Medical Insurance Information:

(Company Name)

(Policy/Group Number)

In an emergency, I may be reached at the following telephone numbers:

_____ (home)

_____ (work)

_____ (cell)

Signature of Parent or Legal Guardian

