

Troop 1199 Activity Permission Form

Permission is granted for our scout _____ to participate in _____.

Leave: _____ From: BUMC

Return: _____ To: BUMC

Does your scout have any allergies, medical condition, or medication that warrants notification?
 Yes _____ No _____ If yes, please explain: _____

Our scout has reviewed his equipment checklist in his Scout Handbook and we are satisfied that he/she is properly dressed and equipped for this activity. We understand that all Troop activities are conducted in the spirit of the Scout Oath and Scout Law. **A Scout who, in the opinion of the Troop adult leadership, does not live up to these principles will be required to call his/her parents and have them bring him/her home at their expense.** As the parent/guardian of the above Scout, I understand that my scout will be attending this scheduled activity with my full knowledge and permission. He may participate in all activities programmed except as I may stipulate in writing (on the reverse of this form) to the leader in charge. Further, if in the judgment of the Scout Leader in charge, it becomes necessary to send my scout to a nearby hospital, physician or dentist for diagnosis and/or treatment, they have my permission to do so.

Is there a potential scheduling conflict which will prevent your scout from being present for the entire Scout program? Yes _____ No _____ If yes, please list what time your Scout will be coming or leaving and with whom. Day/Time _____ With Whom _____

During the activity listed above, I can be contacted at the following phone numbers

Home _____ Cellular/pager _____

In the event of an emergency, if I am not available notify:

Name _____ Phone _____

Parent's (Guardian's) signature _____ Date _____ Scout's signature _____ Date _____

List any medications below which are to be taken by the Scout during the trip. If the scout cannot be responsible for his/her own medications, then the medications should be given to the Scoutmaster prior to departure. It is still the Scout's responsibility to request his/her medication.

Scout Medication Schedule		
Date/Time	Medication / Dose	Comments

List any limitations, special considerations or overflow medications for your scout on the back.

Return this entire form to the Scoutmaster prior to departure.