



TROOP #10 ACTIVITY
PERMISSION SLIP

ACTIVITY: \_\_\_\_\_

Dear Parent,

Troop #10 will be participating in the above activity. We will gather at Langley Christian Church on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_. We will depart no later than \_\_\_\_\_ Scouts will need to be picked up at Langley Christian Church on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_.

SPECIAL INFORMATION:

NOTE: If for disciplinary reasons, the adult leaders or staff at this activity determine it necessary for your son to be removed from this activity, you fully understand that you will be required to travel to pick him up and that you will not be reimbursed for any unused fees or incurred costs.

(PARENTS KEEP UPPER PORTION FOR THEIR RECORDS)

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Scout \_\_\_\_\_ has my permission to attend the Troop#10 Camping Trip at \_\_\_\_\_ on \_\_\_\_\_ thru \_\_\_\_\_. In consideration of the benefits to be derived from this activity, I/We expressly waiver all claims against Troop #10, Heritage District, Colonial Virginia Council Boy Scouts of America, Langley Christian Church or their representatives on account of any accident, injury, illness or any damages that may occur in connection with or incident to this activity. My son is in good physical condition unless I have stated on the back of this permission slip. If you can not be reached in case of an emergency, the adult leader or staff at this activity has my permission to obtain and authorize emergency medical care or treatment for my son if the need should arise. The adult leader or staff at this activity also has permission to administer prescription medication and dispense on request (DOR) medicines as indicated on the back of this permission slip

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE #: ( ) \_\_\_\_\_ CELL/PAGER #: ( ) \_\_\_\_\_
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If we are unable to contact you, please provide an alternate contact:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE #: ( ) \_\_\_\_\_ CELL/PAGER #: ( ) \_\_\_\_\_

This form and all forms must be turned in to the Scoutmaster no later than Monday, \_\_\_\_\_.

## MEDICAL INFORMATION

**ALLERGIES: Food, Medicines, insects, plants EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**MEDICATION(S): Please list all medication(s) and times that the medication needed to be given to scout**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE #:** (     ) \_\_\_\_\_

**FAMILY INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_