

**Troop 246
Event Permission Slip
Medical/Emergency Contact**

SCOUTS: Have your parent/guardian complete this form and the Medical Authorization and return to Event Leader.

MY SON, _____ has my permission to participate in _____ on (date) _____, _____ with Troop 246.

He is in **SATISFACTORY** physical condition for this activity. I will make sure that **he does not attend if he is not feeling well**, and I will inform the Event Leader named below **prior** to departure. I will make sure the Medical Authorization form, that is **REQUIRED** for this event, is also completed, allowing for the handling of medical emergencies if I cannot be reached.

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

UNIT REPRESENTATIVE of Troop 246 listed below,
Name of Leader: _____

to act on my behalf in authorizing unexpected medical care, transportation, and hospitalization for above named minor in my absence.

Parent/legal guardian
signature: _____ Date: _____

Phone number(s) I can be reached at: Home: _____

Cell: _____

Emergency contact name: _____

Relationship to Scout: _____

Phone number they can be reached at: _____

Family physician and phone #: _____

- PLEASE CONTINUE ON REVERSE SIDE -

Will this Scout require any medication while participating in this event? YES / NO

If YES, do you want an adult leader to carry this medication? YES / NO

Parents MUST provide written instructions along with any medication.

Known allergies:

Special conditions:

Additional notes:

PARENTS: PLEASE INDICATE:

_____ I can drive #_____ Scouts to this event.

_____ I can drive #_____ Scouts from this event.

_____ I will be attending this even with my son, and hereby register.

Type of Vehicle: _____ License plate #_____

My cell phone#_____

I acknowledge that I am over the age of 21, I hold a current driver's license that has not been suspended or revoked for any reason, I have the required # of working seat belts to accommodate the # of Scouts I will be transporting, and carry Public Liability Insurance Coverage.

Signature:

PLEASE RETURN THIS SLIP TO THE EVETN LEADER **PRIOR** TO THE DATE OF THE EVENT.