

BSA TROOP 1184

EVENT PERMISSION SLIP

EVENT _____

DATES _____

I promise to be on my best behavior and recognize that I am representing the Boy Scouts of America and also Manassas St. Thomas United Methodist Church. I will display scout like behavior at all times and I will listen when I am supposed to listen and have fun when I am supposed to have fun. I will act in a responsible manner at all times. Failure to live up to this agreement will result in my parents being contacted and appropriate action taken; to include my removal from the outing if warranted.

Scout's Name (print) _____

Scout's Signature _____

I authorize \$ _____ to be taken from my scout account to cover expenses for this outing.

Scout

Parent

I, _____, give permission for my child to go on this event as a member of Scout Troop 1184. I understand that responsible adults will be providing transportation and will provide necessary adult leadership and guidance.

In the event of an emergency, I give permission for my child, _____, to be transported to the nearest medical facility and treatment begun. I understand that I will be contacted at the earliest possible time after the need for medical care arises.

Please list all allergies (Circle allergies to medication)

Please list all other pertinent information about the medical history or condition of this child.

Parent Signature

Phone number where I can be reached

Family Doctor

Phone Number

Insurance Company

Policy Number