

WOODBURY BOY SCOUT TROOP #149



PERMISSION SLIP

I hereby give my son, _____, permission to participate in the following activity with Woodbury Troop #149:

Activity Name/Destination: _____

Date(s): _____

In addition to my Scout, the following individual(s) will be attending:

Name: _____ Relationship to Scout: _____

Name: _____ Relationship to Scout: _____

Is Parent sleeping over with your Scout? Yes No

My son will be transported to and from this event by the following individual(s):
(Note: If transportation will be by someone other than a parent, you must provide the indicated information for insurance purposes)

To Event:

Parent Name: _____

Other Name: _____

Driver's Lic # & State: _____

Vehicle Make/Model/Year: _____

From Event:

Parent Name: _____

Other Name: _____

Driver's Lic # & State: _____

Vehicle Make/Model/Year: _____

I will check my son's belongings and ensure he is prepared for this trip. Yes No

In the event of an emergency, please contact the following (2 contacts required):

Name: _____

Name: _____

Phone #: _____

Phone #: _____

I authorize Troop #149 to seek medical attention for my son in the event of an emergency.

Parent Name: _____

Parent Signature: _____ Date: _____