

# TROOP 248 - PERMISSION SLIP

To \_\_\_\_\_

Dates: \_\_\_\_\_  
Depart: \_\_\_\_\_  
Return: \_\_\_\_\_  
Trek Leader: \_\_\_\_\_ Phone# \_\_\_\_\_

IN CASE OF UNUSUAL CIRCUMSTANCES (MAJOR DELAYS, ETC) THE LEADERS WILL CONTACT: \_\_\_\_\_ WHO WILL NOTIFY THE PARENTS.

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**PARENT PERMISSION FORM, DETACH AND RETURN TO TREK LEADER BEFORE DEPARTURE – KEEP UPPER PORTION FOR YOUR INFORMATION**

My son \_\_\_\_\_ has permission to participate in TROOP 248's outing at \_\_\_\_\_ on \_\_\_\_\_.

He is in good health and may engage in all activities: YES/NO  
(If no, list exceptions: \_\_\_\_\_ )

During the Activity, I may be reached at: \_\_\_\_\_  
If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last tetanus: \_\_\_\_\_

Additional remarks, allergies or special medical considerations regarding my son:

**CLASS "A" UNIFORM SHIRTS MUST BE WORN TO AND FROM ALL SCOUT EVENTS**

In the event I or my representative can not be contacted in an emergency medical situation, I consent to treatment for my son under the supervision of and as deemed advisable by a physician licensed by the State of Michigan.

Medical Insurance Information: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
Parent or Legal Guardian Signature