

Permission Form

BOY SCOUTS OF AMERICA TROOP 31 PARENT PERMISSION AND AUTHORIZATION

COST OF CAMPOUT _____

Troop 31 Activity _____ Date of Activity _____

Location of Activity _____

Participant _____ Date of Birth _____

Parent or Guardian _____ Phone # _____

Home Address _____

Doctor's Name _____ Phone # _____

Insurance Company _____

Policy Numbers _____

If the parent or guardian named above is not available, in case of an emergency, notify:

Name _____ Relationship _____

Phone # _____

I give permission for full participation of the named above to attend and participate in all activities of the Troop 31 activity named above, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me. If I am unavailable, I hereby authorize and give my consent and permission to the adult leaders in charge to obtain medical care as deemed necessary for the health and welfare of the child (or me, if participant is an adult), provided under the supervision of a licensed physician or dentist including, but not limited to diagnosis, anesthesia, treatment, surgery, medication, or to hospitalize or order injection for the minor named above.

I certify that I am the parent having legal custody, or one of the parents having legal custody or the legal guardian of the minor named above.

Signature _____ Date _____

Relationship to the minor named above _____

Payment Method	Amount	List Medications Below
Cash		
Check #		
Scout Fund		