

PERMISSION FORM

BOY SCOUTS OF AMERICA TROOP 31 PARENT PERMISSION AND AUTHORIZATION

Event #1 _____
Date _____
Location _____
Cost _____

Event #2 _____
Date _____
Location _____
Cost _____

Participant (Scout's Name) _____ 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 participant named above to attend and participate in all activities of Troop 31 listed above, subject to limitations noted herein. (Please note restrictions on back.) 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 _____

Please List Medications Below

<i>Medicine</i>	<i>Dosage</i>	<i>Directions for Medicine (Should be in original bottle)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____