

ACTIVITY PERMISSION FORM BOY SCOUT TROOP 31

16th Anniversary Rendezvous & Encampment

Oct. 5-7 2007

See www.troop1031.com for details!

I, _____ give permission for my scout / child,
(Print Parents / Guardians Name)

_____, to participate in the above listed
(Print Scouts Name)

Scouting activity. My scout / child is in good physical health and has not had any serious health problems since his last medical examination.

During this activity I may be reached at (_____) _____ (_____) _____
(Home Phone) (Work Phone)

In the event of an emergency, I cannot be reached; I hereby give permission to the physician, selected by the adult leader-in-charge of the activity, to secure the necessary medical treatment for my son.

(Parents / Guardians Signature) (Date)

If there are any conditions or restrictions the adult leaders should know about for your son's safety please describe: _____

Are there any conditions that may require medication: _____

In case of an emergency and I can not be reached by telephone:

Family Physician's Name: _____

Family Physician's Telephone Number: (_____) _____ Ext. _____

Friend/Relative who may possible know my location

Name: _____ Phone Number (_____) _____