

# ACTIVITY PERMISSION FORM

## BOY SCOUT TROOP 31

See [www.troop1031.com](http://www.troop1031.com) for details!  
Meet at St. Andrew's - - - Returning to St Andrew's

Event: \_\_\_\_\_

Approx Date of Event: \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_