

ACTIVITY PERMISSION FORM  
BOY SCOUT TROOP 31

**16<sup>th</sup> Anniversary Rendezvous & Encampment**

**Oct. 5-6 2007**

See [www.troop1031.com](http://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 (\_\_\_\_) \_\_\_\_\_