

PERMISSION SLIP

To: **SCOUTMASTER, TROOP 92 WEYMOUTH, BOY SCOUTS OF AMERICA**

This gives my child _____ permission to attend any and all scouting activities of Troop 92 during the Scout year that runs from January 1 to December 31. I understand he will be under your supervision or a responsible adult over age 21 designated by you.

In the event of an emergency and I cannot be reached, this authorizes my child to be given medical treatment as necessary by a licensed doctor, nurse or EMT selected by the Adult Leader in charge and to hospitalize, secure proper anesthesia or to order injections or surgery for my child.

I also give permission to the SCOUTMASTER / ASSISTANT SCOUTMASTER of Troop 92 to contact the nearest hospital should an emergency arise, and administer whatever medical aid necessary until I or a member of my family arrives.

IN THE EVENT THAT I DO NOT WISH MY CHILD TO PARTICIPATE IN A PARTICULAR EVENT I WILL SO NOTIFY YOU IN ADVANCE.

Signed: _____ Date: _____
(Parent/Guardian)

Additional Contacts (*if more than 2 list them on the back*)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Please list all medication(s) your child is currently taking and times he is taking it.

Please list any allergies your child has OR any reaction to any medication that may have to be administered to your child in an emergency.

Please list your insurance carrier, type of coverage and membership number. If HMO, also list the central number and number of nearest facility.

Carrier: _____

Group/ID number: _____

Telephone: _____

(Use back for additional information or to complete any items)