

Troop 93 Permission Form

I, _____ give permission for my son _____
to participate in the Troop activity scheduled for this Date(s)_____.

I will allow him to attend only if he is in good physical/medical condition. In
case of Emergency, you can contact me at:

Parents' name(s): _____ Home phone #: _____
Cell phone #: _____
_____ Cell phone #: _____

Troop may also call (responsible adult):

Name: _____ Phone #: _____
Cell phone #: _____
Name: _____ Phone #: _____
Cell phone #: _____

*****Important Note: It is imperative that the Emergency Contacts
are available for the entire length of the activity.***

In case of illness or injury, the adult in charge will make every effort to contact
me or the emergency contact adult listed above. If I cannot be reached, you
have my permission to take my child to a doctor or hospital by whatever means
of transportation that is available. I hereby authorize the doctor or hospital to
administer whatever emergency medical treatment that is needed.

Parent Signature: _____ Date: _____

*****For Emergency Room Personnel:***

- Current medical conditions &/or medications _____

- Any known allergies, to food or medications _____
