

# Troop 799

## Permission Form

See Outing Information Flyer for details, location and cost of outing

My son, \_\_\_\_\_, has my permission to participate in Boy Scout Troop 799's outing to \_\_\_\_\_ leaving \_\_\_\_\_ and returning on \_\_\_\_\_.  
date date

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Parents, please check applicable:

- I will not be participating
  - I will be participating on the outing and staying the following days/nights: \_\_\_\_\_
  - I can participate by:  driving to  driving from  other: \_\_\_\_\_
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The cost for this outing is \$ \_\_\_\_\_ per scout and  \$ \_\_\_\_\_ per adult or  no cost for adults.  
 I have enclosed \$ \_\_\_\_\_ Cash and/or a Check for \$ \_\_\_\_\_  
 I still owe Troop 799 \$ \_\_\_\_\_ Scoutmaster's Initials \_\_\_\_\_

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### **REQUIRED PARENTAL PERMISSION**

(for ALL Troop members under 18 years of age)

I hereby authorize my above named Scout to attend and give my full permission for his participation in the Boy Scout Troop 799 programs. In the unlikely event of illness or injury in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

PRINT PARENT'S NAME: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT'S SIGNATURE: \_\_\_\_\_

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#### **Class 1 Medical Forms**

Please make sure you have on file with the Troop an updated Class 1 Medical form with current emergency contact information. The Class 1 medical forms are be used to provide emergency contact information if required. It is your responsibility to verify that the current Class 1 Medical form on file is correct.

If Emergency Contact information is different than what is provided in the Class 1 Medical Form then provide the following:

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_ Second Phone Number \_\_\_\_\_