

# Activity Permission Slip



In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son/daughter, namely:

\_\_\_\_\_  
*Scout's Name*

I \_\_\_\_\_, *(print parent or guardian name)* give my permission for my son/daughter to participate in the following event:

\_\_\_\_\_  
*(event)*

Starting on \_\_\_\_\_ and returning on \_\_\_\_\_

During this time, I can be reached at the following telephone number(s):

\_\_\_\_\_ at \_\_\_\_\_ between \_\_\_\_\_  
*(contact person) (phone number) (date/hours)*

\_\_\_\_\_ at \_\_\_\_\_ between \_\_\_\_\_  
*(contact person) (phone number) (date/hours)*

\_\_\_\_\_ at \_\_\_\_\_ between \_\_\_\_\_  
*(contact person) (phone number) (date/hours)*

In the event of an emergency, I give my permission for the unit leader to obtain medical treatment at the nearest hospital or doctor, at my expense, and in accordance with any medical restrictions that I have attached to this form and/or the Class 1 medical form submitted in connection with this trip or on file. My health insurance company is \_\_\_\_\_ and the policy or ID number is \_\_\_\_\_. The policy is in the name of \_\_\_\_\_.  
I have attached a copy of my health insurance card.

\_\_\_\_\_  
*(signature of parent or guardian)*

## Boy Scout Troop 128 Medication Form

List all over-the-counter and prescription medications that will be taken during this outing. In a ziplock bag, provide enough medication for the duration of the outing with written instructions. Keep medicine in the original packaging that identifies medication name, dosage, frequency of administrations and prescribing doctor (if a prescription drug).

Scout Name \_\_\_\_\_

Activity dates \_\_\_\_\_

Medicine Name	Dosage	Time	Special instructions

Special Instructions

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Parent/Guardian signature \_\_\_\_\_