

Activity Permission Slip



Venturing Crew 128
Milford, Ohio

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:

Crew Member 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)

Venturing Crew 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).

Crew Member Name_____

Activity dates _____

[illegible]

Special Instructions

Parent/Guardian signature _____