



Troop 134 - Douglas, Ma

Permission Slip

(Please print this form and turn in the completed form to your unit leader)

Activity:

Activity Dates:

Name	Phone No
Address	
Parent / Guardian	Home Phone
Emergency Contact:	Emergency Phone
Scouts Doctor	Doctor's Phone
Is your child taking Medication ? If Yes, include details of times and dosages.	
Allergies / Additional info:	
Health Care Provider:	Plan No:
Other Restrictions:	
In case of medical emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the event leader to secure proper treatment for, order hospitalization, and order injection, anesthesia, or surgery for my child as named above as necessary.	
Parent / Guardian Signature:	Date: