

Permission Slip to Attend Outings and Activities Calendar Year 2024

As the Parent or Legal Guardian of: _		, I hereby give
permission for this scout to participate Troop 331. This permission is valid of		Incarnation, Boy Scout
I give permission to the leaders of the the event of an emergency, I also giv in charge, to hospitalize, secure prop treatment as needed. I understand the campout or I must provide a lecontact during the entire period of	e permission to the physician, sel er anesthesia, surgery, order injec hat I must be available by telep gally designated guardian who	ected by an adult leader ctions, or secure medical hone anytime during will be available for
In case of an emergency, I can be rea	ached by phone at the following n	umbers:
Cell	()	
Home		
Other	(
If I cannot be reached at the above p	hone numbers, please contact:	
Cell		(Name)
Home		
Other		
Medical Insurance Information:		
	(Insurance Co.)	(Policy Number)
The scout will be required to wear their Class A uniform while traveling to and from events. As required by the activities during the event, the scout may need to wear their Class B uniform.		
Parent/Legal Guardian:		
(Name)		
Signaturo:	Date:	