

Parent Permission Form

Troop/Group: _____ is planning a _____
Date: _____
Location: _____ Phone#: _____

Arrangements for Transportation:

Time & Place of Departure: _____
Time & Place of Return: _____
Name & Phone to call in case of emergency: _____
Each scout will need: _____
Expenses: _____
Activities to include: _____

Leader's Signature

Leader's Phone #

Keep top section for your reference

Return bottom section to your Leader

Scout's Name: _____ Birth Date: _____
Father: _____ Mother: _____ Legal Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: () - _____ Parent's Cell Phone: () - _____
In case of emergency, call: _____ at () - _____ or
call: _____ at () - _____.

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____
to attend and participate in this activity sponsored by the Boy Scouts of America Troop 68.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. The undersigned shall be liable and agree(s) to pay all cost and expense incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care has been entrusted while attending and participating in activities sponsored by the Boy Scouts of America Troop 68.

Signed: _____ Date: _____

Hospital Insurance? Yes ___ No ___
Known medical conditions and allergies to medication: _____
Regular medications: _____
Any restrictions on activities: _____