BSA Troop #647 Permission Slip

Signature of Scout		Date	
I, activity and follow the directions otherwise directed by an adult lea allowed to participate in this activallowed to participate in future acting good condition, I will have to	of the adults and Scou ader. I understand that vity, and, if necessary, ctivities. I also unders	if I do not follow these rule may be sent home with the	assigned area unless s, I may not be possibility of not being
Signature of Parent or Guardia	an	Date	
Facts concerning my son's medic physical impairments to which a	•	<u> </u>	
If I cannot be reached, please corthe relation of the individual to y	ntact our son (e.g., grand-mo	at other)	Describe
In case of emergency, I can be re	ached by phone at	or	·
If I cannot be reached in an emer leaders in charge to secure prope injections of medication, for my	r treatment, which may		
Any reason to restrict full physic are listed below, and ample supp with specific treatment instruction	lies will be included wi		
My son will have with him all of is your responsibility to contact y cash in the amount of \$ expenses.	our son's Patrol Leade	r or the Senior Patrol Leade	er. My son will bring
as follows	_ to be held on the following to be held on the following	owing date(s)	oop activity identified