

# PERMISSION SLIP

TRIP DATE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

SCOUT: \_\_\_\_\_ has permission to attend the troop activity/trip and has permission to engage in all activities, except as noted below. I hereby give permission to the physician selected by the adult leader in charge to treat, hospitalize, and secure proper anesthesia and/or order injection or surgery for my son/ward.

RESTRICTIONS: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

I will be available to provide transportation for \_\_\_\_\_ scouts.  
(number)

on the trip out       on the trip back.

If your son is required to take medication or has any other special needs, please list the details below.

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