

Please read this entire form!

Troop 466 Outing/Event Notice and Permission Slip

IMPORTANT – PLEASE RETURN PERMISSION SLIP BY THE [_____] DEADLINE!

Outing/Event Date(s)		
Adult Leader Phone/email		
Coordinator/Contact Phone/email		
LAST DAY TO SIGN-UP / PAY Cost		\$
Show Time and Place		
Departure Time		
Departure Uniform Event Uniform	Class A	Class B
<u>Estimated</u> Return Time and Place		
Other Requirements/Forms		

- Fill out the authorization form (below) completely. Unless complete, participation will not be possible.
- Bag check** is Monday, _____, at the regular meeting (7:00).

Retain this top portion for your bulletin board or calendar (refrigerator door?).



Turn in this portion (with payment, if stated above) to register and grant permission.

Outing/Event Date(s)		
Scout Name:	Parent/Guardian:	P/G Phone #:
Emergency Contact	Person:	Phone#:
Medications & instructions (if none, so state)		
Allergies and special medical needs (if none, so state)		
Health Insurance Carrier Policy#	Carrier:	#:

I understand that this activity will be supervised by a minimum of two adults and that transportation to and from the event may be by another adult. I also understand that in case of emergency, every effort will be made to contact me (or emergency contact above). In the event I cannot be reached, I hereby give my permission to the physician and/or other health-care professional(s) selected by the Adult Leader or Adult Driver to provide medical treatment, including, without limitation, hospitalization, anesthesia, surgery, and/or medications by injection or otherwise.

Please check one:

- G** The above information concerning the Scout and the Emergency Information is unchanged.
- G** I have made changes; new information is circled above. The new information is: permanent / temporary (circle one)

Signed: _____ **Date:** _____

G I CAN DRIVE: **G** Round Trip **G** Departure **G** Return # of seats available for Scouts (w/o airbags): _____

G I CANNOT DRIVE

G I CAN STAY FOR THE DURATION OF THE TRIP