



BOY SCOUTS OF AMERICA, Troop 325



Description of Activity:	
Destination:	
Assembly & Departure:	
Return:	
COST: Checks payable to: Troop	
Uniform Requirements:	Class A for drive, Class B for activities
Additional equipment to bring (if possible):	
Adult Leaders:	



As the parent or legal guardian of _____, I hereby give my permission for my son/daughter to participate in the above outing with Troop

Medical Treatment Release

I also give my permission, in the event of an emergency, for Troop leader(s) to obtain necessary medical treatment for my son/daughter at the nearest hospital or medical facility at my expense.

I can be reached at the following phone numbers during this activity: _____ or _____

My son/daughter is currently taking the following medication(s): _____

He/she has the following allergies or medical conditions: _____

Our medical insurance is with _____, policy number: _____

Our doctor is: _____, phone: _____

Parent/Guardian Signature: _____

Date: _____

SCOUT PROMISE: In return for permission to accompany Troop on this outing, I promise to follow the Scout Oath and Law, participate in the activities of my troop and patrol.

Scout Signature: _____

Date: _____

I can drive for this outing:		# of Seat Belts:		Cell Phone #	
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