

TROOP 714 ACTIVITY PERMISSION SLIP

Please return this form with (money for the trip) to the adult in charge of the activity.

My son, _____, has my permission to attend _____

beginning ____ / ____ / ____, through ____ / ____ / ____.

Cost of activity \$_____.

I hereby give my permission to have emergency medical treatment performed on my son in the event of an accident or medical emergency, as needed, and hereby appoint any registered adult BSA leader as guardian for such purposes.

List any allergies, medications needed or other relevant medical information:

Phone number during trip where parent can be reached: _____

Alternative person to contact in case of emergency including phone #:

Parent/Guardian signature and date:
