

TROOP 121 PERMISSION SLIP

THIS FORM MUST BE RETURNED BY _____.

Date of trip: _____ leaving from St. Paul's U.C.C. at _____ returning at _____

To St. Paul's U.C.C. on _____

Description of trip: _____

Cost of trip: \$ _____

Adults in charge: _____

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As the parent/guardian of _____, I give my permission for full participation in this troop activity, subject to any limitations listed below. In event of illness or accident in the course of the activity, I request that measures be instituted without delay as medical personnel dictates. Parent/guardian will be contacted before any treatment at the phone number listed below.

Parent/Guardian Signature: _____

Limitation

Description: _____

Medication currently being taken, and dosage: _____

Phone number where parent/guardian can be reached: _____

Name of another person in case of emergency: _____

Phone Number: _____

I can transport boys ____ Yes ____ No

I can take _____ plus myself _____ to activity

_____ from activity

_____ both ways

I am planning to stay ____ Yes ____ No