

TRIP PERMISSION AND MEDICAL CONSENT

Boy Scouts of America, Troop 149, Thornton, PA

Sign Up Deadline **Date:** _____

This Form must be returned or your son cannot attend

My son, _____ (name of son) has my permission to attend the following Scout function:

TRIP: _____

Place:

Address:

Address:

Phone:

Web address: _____ Email address: _____

_____ (Date) _____ (Date)
(From) (To)

Special Instructions _____
(Medication,
Allergies, etc.) _____

The following pertains to PARENTS

I, _____ (name of parent)
____ will _____ will not go on the trip myself
____ will _____ will not be driving on the trip
____ will not be able to go on the entire trip, but will be able to drive on

_____ (date) if needed
(trip leader will contact you)

I hereby authorize any registered Troop 149 Scout Leader to administer first aid or to obtain and consent, on my behalf, to any and all medical treatment deemed necessary or advisable by a physician for the health, welfare and safety of my son,

_____ (name of son) Blood Type _____

Parent's Signature Print Name Date

During the above trip, I can be reached at Name/phone of alternative contact

Address: _____ Name: _____

Phone: _____ Phone: _____

Mobile: _____ Phone: _____

No alcohol, drugs, or tobacco are permitted at any Scout activities. The parent of any Scout violating this policy will be called and required to immediately pick up the Scout from the activity location.