

TROOP 149

If you are not a member of Troop 149, but are attending one of Troop 149's activities or outings, you must fill in the information on this form.

I/We give permission for _____ to go with BSA Troop 149 to
_____ print
_____ on _____, 2005

In the event of an accident, I understand that an attempt will be made to contact me. If I cannot be reached, I/We also give permission for emergency medical treatment in the event of an emergency.

Medical Insurance Information: Company _____
Address _____
Phone Number _____
Policy No. _____
Social Security Number _____

Allergies/Medical Condition: _____

Parent/Guardian Signature _____ Print name _____

Phone _____ Cell number _____

Date _____