

This form must be filled out and returned to the Scoutmaster by the date listed.

Troop _____ plans a _____

To: _____

On: _____ **For the purpose of:** _____

Time of departure: _____

Place of departure: _____

Time of return: _____

Place of return: _____

Persons in charge: _____ **Phone #:** _____

_____ **Phone #:** _____

Each Scout will need: _____

Parent or guardian keeps upper portion for reference

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Return this portion to Scoutmaster of Troop _____ by: _____

My son _____ has permission to go with Troop _____ on the event planned for _____. If my son is ill on the day of the event, I will not permit him to attend.

I am aware that every effort will be made to contact the parents in the event of an emergency or illness or accident. However, if it is necessary for a physician to attend my child before I can be reached, he may have emergency medical attention at my expense.

Signed: _____

Parent or Guardian Signature

Phone: _____