

Scout Troop Permission Slip

Organization: _____

ACTIVITY DETAILS

Activity Name *

Activity Date *

Activity Type *

Scoutmaster / Activity Leader *

Leader Contact Phone *

PARTICIPANT INFORMATION

Scout Full Name *

Date of Birth *

Parent/Guardian Name *

Parent/Guardian Phone *

Parent/Guardian Email *

Emergency Contact Name *

Emergency Contact Phone *

MEDICAL INFORMATION

Medical Concerns / Allergies

I give permission for my child to participate in the above scout activity and authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date
