

St. Peter BSA Troop 323

PARENTAL PERMISSION FORM

For a Troop 323 officially registered Boy Scout, 18 years of age or under, participating in or attending a Boy Scout activity or trip;

_____ has my permission to participate in the
(Scout's Name)

Troop's activities and/or trips.

I know of no health or fitness restriction(s) that preclude his participation.

In the event of illness or injury occurring to the above-named Boy Scout while involved in this activity, I consent to x-ray examination, anesthesia, and medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the facility furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

I also agree that if the above-named Boy Scout is disruptive during this activity and I am called by the Adult Activity Leader, I will come and pick up the Scout at the activity location.

Signature: _____ Date: _____

Phone numbers where I can be reached during the time of this activity:

(_____) _____ (Home, Cell, Other)

(_____) _____ (Home, Cell, Other)

(_____) _____ (Home, Cell, Other)

(_____) _____ (Home, Cell, Other)