

# SPECIAL ACTIVITIES PERMISSION SLIP

Dear Troop 765 Parents

In an effort to make sure all parents are fully informed of our monthly activities, the Troop Committee has decided to publish this information sheet. At the bottom is a permission slip and medical authorization form, which each scout must return in order to go on this activity.

EVENT \_\_\_\_\_

LOCATION \_\_\_\_\_

ARRIVAL DATE/TIME \_\_\_\_\_

DEPARTURE DATE/TIME \_\_\_\_\_

CONTACT AT SITE \_\_\_\_\_

CONTACT AT HOME \_\_\_\_\_

COST \$ \_\_\_\_\_ ADULT LEADER IN CHARGE \_\_\_\_\_

REMEMBER TO BRING Full Class A Uniform \_\_\_\_\_

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**(DETACH AND RETURN)**

My son \_\_\_\_\_ has my permission to attend  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

If the need for medical attention should arise, I give my permission to the leaders of Troop 765 to seek such treatment.

During this time, I can be reached at the following number \_\_\_\_\_

Additional contact person \_\_\_\_\_

Relationship to scout \_\_\_\_\_ phone number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

{Parent or legal guardian}