

# Boy Scout Troop 510

## Permission Slip

Outing:

Date:

Leave:

Return :

Leader:

Notes:

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Please return Permission Slip with money... **No Slip No Go!**

I give my permission for \_\_\_\_\_ to attend \_\_\_\_\_

X \_\_\_\_\_  
Parent or guardian

Health History (Check any that apply)

Illness \_\_\_\_\_

Ear Infections \_\_\_\_\_

Convulsion \_\_\_\_\_

Diabetic \_\_\_\_\_

Asthma \_\_\_\_\_

Allergies \_\_\_\_\_

Penicillin \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Insect Stings \_\_\_\_\_

Other\_(Specify below) \_\_\_\_\_

Medications presently being taken, their dosage, and times given....

Medication \_\_\_\_\_

Instructions \_\_\_\_\_

All Medications are to be given to the leader at the campout!

I hereby give permission for emergency medical treatment in the event I am unable to be reached.

X \_\_\_\_\_  
Parent or guardian

My Phone Numbers are... \_\_\_\_\_

Please give the name and phone number of another person to call if you are not available:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_