SCOUT PERMISSION SLIP

My child/ward, has my permission to participate in the following event with the Troop .
Name of event
Start/End:
Cost:
Restrictions:
Description of Event:

Scouts not dressed appropriately for the event will not be allowed to participate. This event will be indoors / outdoors.

During the event I will be: Attending _____ Available at this Phone number _____

I understand the emergency cell phone # for the Event is

In case of Emergency during the trip I give the Event Leader, _____, permission to act in my place and direct any care necessary for my son when I am not available.

Name Signature Date

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