

**Boy Scout Troop 110**  
**Scout Permission Slip for Troop Trips and Outings**

Troop 110 is planning (what): \_\_\_\_\_

Location: \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_

Leaders in charge:

\_\_\_\_\_ p/n \_\_\_\_\_

\_\_\_\_\_ p/n \_\_\_\_\_

Leaving from \_\_\_\_\_ At (time) \_\_\_\_\_

Returning to \_\_\_\_\_ At (time) \_\_\_\_\_

If delayed on the return, the leader will call:

(name) \_\_\_\_\_ (phone) \_\_\_\_\_ and you will be notified.

Notes: \_\_\_\_\_

*Keep the above section.*

*Return this section.*

My son , \_\_\_\_\_ , has my permission to attend the  
\_\_\_\_\_ with Troop 110 on (date) \_\_\_\_\_.

*Permission is hereby given to Troop 110 leadership to deduct from my son's account the amount of money necessary to cover his expenses for this outing, or to bill me for same.*

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

***Medical Release***

Is your son taking any medication? No \_\_\_\_ Yes \_\_\_\_

what: \_\_\_\_\_

Is your son allergic to any drugs or medications? No \_\_\_\_ Yes \_\_\_\_

what: \_\_\_\_\_

Does your son have any medical conditions we should know about? No \_\_\_\_ Yes \_\_\_\_

explain: \_\_\_\_\_

*In case of emergency, my permission is hereby given to the leaders in charge to seek medical attention, and to the attending physician to hospitalize and /or secure proper treatment for my son.*

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you can be reached while we are gone: \_\_\_\_\_

Name and phone number of personal physician: \_\_\_\_\_