

Troop 582



Trip Permission Slip

One Way drivers: Return envelopes to leader at destination.

I give permission for my son

_____ to travel to and from _____

On _____ to _____ / _____
(DATE) (DATE)

Medications or allergies we need to know about.

Medication: _____ Medication: _____

Allergies: _____ Allergies: _____

Your scout is responsible for taking their medications.

***I give consent for emergency medical treatment and
I will be responsible to pay for such treatment.***

Scout insurance carrier and policy number are:

Carrier: _____ Policy number: _____

In the event of an emergency please contact:

Phone # we can reach you (parent) at while your son is gone:

Cell phone: (_____) _____

Emergency contact if we cannot reach you, (suggest family member & cell phone):

Name: _____ phone: _____

Outing Fee \$ _____ Gas \$ _____

I will pick up my son at _____ am/pm on _____ or arrange for a ride for him.

I realize it is my responsibility to pick up my son on time
so that others do not have to wait for me.

Write any ***SPECIAL INSTRUCTIONS*** on back of envelope.

Parent Signature _____