

**Troop 191
Parental Permission Form**

Date: _____

Scout(s):

Name _____

Name _____

Name _____

The above scout(s) have my permission to participate in the following Troop 191 Activity:

_____ @ _____

on _____ through _____. I understand that I must remain available by telephone in case of emergency or if I need to come to pick up my child for any reason leadership feels is necessary.

Printed Name: _____

Signature _____

If I can not be reached in an emergency, the following person is authorized to act on my behalf.

Name: _____ Relationship _____ Cell # _____

Notes to Leaders for this event:

Please initial:

_____ My child is in good physical and/or emotional health and has not had any serious illness or condition that should impact her ability to participate in this event.

Exceptions to the above: _____

_____ I give permission to allow my scout(s) take her/their own prescriptions if applicable. If I need an adult leader to supervise or assist, _____ will be responsible for doing so. I have educated and instructed this adult in these medications and they understand how they are to be dispensed.

Exceptions to the above: _____

_____ If in the event my child develops minor ailments (i.e.: headache, pain, seasonal allergies, indigestion, diarrhea, constipation, contact dermatitis or rash, etc) while participating, leadership has my permission to dispense first aid in the form of over the counter medications to control symptoms until they return from the activity. If symptoms do not resolve and interfere with my scout's ability to participate, I will be called and will come pick up my child from the event.

Exceptions to the above:

Allergic to: _____

Other Exceptions: _____

_____ In the event that my child needs to be taken for professional medical and or dental evaluation and care, adult troop 191 leadership may act in my behalf until I can be reached.

Health Plan: _____ I will provide/bring to the health care professional the details of my health plan policy when I am contacted.