Troop 897 Parental Permission Form

Date:
Scout(s):
Name
Name
Name
The above scout(s) have my permission to participate in the following Troop 897 Activity:
onthrough 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. Cell I can be reached at:
Printed Name:Signature
olgitature
If I can not be reached in an emergency, the following person is authorized to act on my behalf. Name: Cell #
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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 his ability to participate in this event.
Exceptions to the above:
Laive parmission to allow my san(s) take his (their own prescriptions if applicable. If I need
I give permission to allow my son(s) take his/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:
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 his
ability to participate, I will be called and will come pick up my son from the event.
Exceptions to the above:
Allergic to:
Other Exceptions:
In the event that my son(s) needs to be taken for professional medical and or dental
evaluation and care, adult troop 897 leadership may act in my behalf until I can be reached.
Heath Plan:I will provide/bring to the health care
professional the details of my health plan policy when I am contacted.