

Troop 415 Permission Slip

Due _____

Name of activity _____ Fee _____

I CERTIFY THAT _____ (SCOUT'S NAME) HAS MY PERMISSION TO ATTEND THE ABOVE-NAMED ACTIVITY. I UNDERSTAND THAT ACCIDENTS DO HAPPEN. IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO PROVIDE ANY NECESSARY MEDICAL CARE.

_____ I've checked my Scout's account and I know he has money available. Please take \$_____ for the fee from his account.

_____ I have attached a check for \$_____ and put my Scout's name on the check.

_____ I can – drive / stay / both **if I am needed.** My largest safe vehicle holds _____ people.

_____ I **want to** drive and stay. My largest safe vehicle holds _____ people.

_____ I **want to** drive but not stay. My largest safe vehicle holds _____ people.

Parent's Signature _____ Date _____

Phone _____ - _____ - _____

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I CERTIFY THAT _____ (SCOUT'S NAME) HAS MY PERMISSION TO ATTEND THE ABOVE-NAMED ACTIVITY. I UNDERSTAND THAT ACCIDENTS DO HAPPEN. IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO PROVIDE ANY NECESSARY MEDICAL CARE.

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Parent's Signature _____ Date _____

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