

**TROOP 246,
2009 EVENT PERMISSION SLIP
MEDICAL/EMERGENCY CONTACT**

SCOUTS: Have your parent/guardian complete this permission slip and the Medical Authorization section and return to the Event Leader.

SCOUT NAME _____ has my permission to attend and participate as a registered member of BSA Troop 246 at

BSA CAMP WAKPOMINEE, JULY 19-25, 2009.

He is in satisfactory physical condition for this activity. I will make sure that he does not attend if he is not feeling well and I will inform the **EVENT LEADER/COORDINATOR of his inability to attend/participate prior** to departure. I will make sure the Medical Authorization form and the class 3 medical form that is **REQUIRED** for this event is also completed and up to date. *Return form to Mrs. Clark or Mrs. Calvin ASAP.*

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

TROOP 246 SCOUTMASTER, ASST. SCOUTMASTER OR EVENT LEADER IN CHARGE

to act on my behalf in authorizing unexpected emergency medical care, transportation and hospitalization for above named minor in my absence.

PARENT/LEGAL GUARDIAN signature _____

DATE SIGNED _____

Phone number(s) **PARENT** can be reached at: Home _____

Work _____ Cell / Other _____

Family physician and phone #: _____

Alternate emergency contact name:

This is someone **OTHER THAN** the parent/guardian in the event parent/guardian cannot be reached

Relationship to Scout: _____

Phone number(s) they can be reached at: _____

Will this Scout require any medication while participating in this event? YES / NO

KNOWN ALLERGIES: _____

SPECIAL CONDITIONS: _____

(carries an Epi pen, inhaler, etc.)

Additional notes: _____