

Troop 708 Permission Slip

Activity: _____

Date: _____

Departure Location: _____

Departure time: _____

Cost: _____

Return Location: _____

Return: _____

I, _____, give permission for my son,
_____, to attend the outing to _____
_____ on _____.

I hereby authorize (the Director of the Scouting Activity) as agent of the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general and special supervision or any physician or surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

Parents Name

Date

Parents Signature

Emergency Phone Number