

## Parent's Permission for Special Activities *Corona, Troop 107*

Every Scout taking part in any Boy Scout sponsored activity, other than at a regularly scheduled meeting of his troop, and/or requiring transportation, must present a permission slip signed by parent/guardian for each activity.

**TROOP 107** is planning \_\_\_\_\_ Date(s): \_\_\_\_\_

**TO:** \_\_\_\_\_

**BEGIN at:** \_\_\_\_\_

Date/Time: \_\_\_\_\_

**ENDING at:** \_\_\_\_\_

Date/Time: \_\_\_\_\_

**COST** per Scout: \$ \_\_\_\_\_ for \_\_\_\_\_ and \$\$ for \_\_\_\_ fast food meals.

**BRING:** \_\_\_\_\_

**WEAR:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**LEADER IN CHARGE:** \_\_\_\_\_

*In case of emergency, Leader will call \_\_\_\_\_ Phone: \_\_\_\_\_  
who will get in touch with parents.*

*[Complete, detach, and return bottom section to Leader in Charge]*

**MY SON:** \_\_\_\_\_ has permission to attend with Troop 107  
\_\_\_\_\_ Date(s): \_\_\_\_\_

List special medications, medical conditions, and/or restrictions such as asthma, allergies, strenuous exercise, etc.:

\_\_\_\_\_  
\_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**ALTERNATE PERSON** to contact in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

While attending, or traveling to and from, troop meetings or activities, I hereby authorize the Leader of Troop 107, or in his absence or disability, any adult accompanying or assisting him, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, or to consent to any x-ray examination, anesthetic dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practice Act.

This authorization is given pursuant to the Provisions of Section 25.8 of the Civil Code of California.

**PARENT/GUARDIAN Signature:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone Days: \_\_\_\_\_ Evenings: \_\_\_\_\_