

# Activity Permission Slip

Boy Scout Troop 1948, Rockville, Maryland

I hereby give permission for Scout: \_\_\_\_\_ (enter name of Scout)

to attend the following activity: \_\_\_\_\_

on the following date(s): \_\_\_\_\_ .

I further authorize the adult leadership of Troop 1948 supervising the event to: (a) administer the medications listed below; (b) administer any over-the-counter medication (e.g., ibuprofen, acetaminophen) deemed advisable at the sole discretion of the said adult leaders; and (c) secure any medical treatment or make any medical decisions for the Scout named above including, but not limited to, hospitalization which may be deemed necessary at the sole discretion of said adult leaders. I hereby release Boy Scout Troop 1948 and its adult leadership from any and all manner of claim for actions taken in good faith reliance on this authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Emergency Contact Name: \_\_\_\_\_

Emergency telephone numbers (day/evening/cell): \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Allergies (food/medication): \_\_\_\_\_

Medications to be administered (in original prescription containers) & dosage/timing instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental Support** Please check one of the following:

The following adult(s) can participate in this event: \_\_\_\_\_

We can help drive but cannot stay: TO: \_\_\_\_\_ RETURN: \_\_\_\_\_

No adult support will be provided for this event.