

TROOP 882 ACTIVITY/EVENT PERMISSION SLIP

I HEREBY GIVE MY PERMISSION for my son

\_\_\_\_\_, to participate/attend:

Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

I realize that every precaution will be taken for the safety of my child. I further give my permission to the chaperones to obtain MEDICAL TREATMENT for my child should that be seen as necessary by them, medical personnel or other competent authority. My child's insurance information is given below.

INSURANCE CO.: \_\_\_\_\_ NO.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number(s) where you can be reached during the above times indicated:

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cost: \_\_\_\_\_