

Permission slip for the Troop 121 campout on _____.
(dates of campout)

Scout Name _____ has my permission to attend the
overnight or day trip Boy Scout activity listed above. My scout has the
following medical concerns:

My scout takes the following medications:

In case of an emergency, please contact:

_____ Phone # _____

Signature of parent/guardian: _____

Parent/guardian attending: _____

Can parent/guardian assist with transportation? _____