**PERMISSION SLIP**

<Please put the name of the Trip> <indicate the kind of camping – Outdoor, Indoor, Tent, Cabin etc.>

<Please put the Campsite address>

<Please put dates>

(Please put check-in date/time, please put check-out date & time)

The Scout named below has my permission to attend the above camping trip and to participate in activities..

In the event of an emergency, the Troop Leaders have my permission to obtain medical treatment for this Scout at the nearest hospital, doctor or medical facility, at my expense, if the Scout’s own doctor is not readily available. I further give permission for the Troop Leaders to transport my son home after treatment.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name of Scout | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name of Parent/Guardian | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian | \_\_ / \_\_ / \_\_\_\_  Date |
| (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scout Mobile number | (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Mobile number | (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alternate / Emergency Number |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scout Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Email | Any Comments / Remarks from Parent or Scout | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scout Rank | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scout School (Middle/High) |
| \_\_\_\_\_\_  Scout Diet (Veg/Non Veg) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scout Diet remarks |
| Meal Money Paid (Y/N) \_\_ $ \_\_ | Activity Money Paid (Y/N) \_\_ $ \_\_ | Balance Money to be paid: $ \_\_\_\_ | |
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| Tick | **Transportation** | | | |
|  | | Scout will need a ride to/from camp |  |  |
|  | | Adult will attend this trip with Scout | * Vehicle Make and Model: \_\_\_\_\_\_\_\_\_\_\_\_ * How many Scouts can you take: \_\_\_\_\_\_\_ * Adult should have cleared the latest YPT. Please present your YPT to the Trip Leaders |

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| Please use the space below to detail any Diet preferences / restrictions. Also use this space for additional information that the Troop Leaders should be aware of. Please feel free to speak to the leader(s) if you cannot document it on this form |
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