

## Troop 308 Campout/Outing Permission Slip

I give permission for my son, \_\_\_\_\_, to attend all campouts and outings with Troop 308 between now, \_\_\_\_\_, and December 31, \_\_\_\_\_.

I understand that should the need arise due to health, behavior, or otherwise, I will pick up my son immediately upon the request of the Troop 308 adult leaders, wherever the troop may be.

I give permission for the adult leaders of Troop 308 to seek any medical attention they may deem necessary while he is in their care.

I understand that all medications (prescription and over-the-counter) will be kept in a locked box at campouts and will be administered by the adult leaders only. Exceptions include such items as asthma inhalers and epi-pens.

I give permission for the adult leaders of Troop 308 to administer over-the-counter medications as they feel is necessary when there is no official first aid station available. This would be in the case of headaches, mild muscle aches, reactions to bug bites, plants, etc., or other situations that may arise.

In the space below, list any over the counter medications that may NOT be administered.

\_\_\_\_\_.

### Emergency Contacts:

1. Name \_\_\_\_\_ Relationship to scout: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to scout: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Parent Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_