

Troop

All Purpose Permission Slip

Outing

Name & Objective: _____

Location (address, link or map): _____

Date(s): _____

Cost (deducted from Scout Account): _____ Spending Money: _____

Uniform: Class A only Class B only Both Layered

Drop-off

Location: _____ Time: _____ AM/PM

Pick-up (tentative)

Location: _____ Time: _____ AM/PM

Senior Patrol Leader: _____ Phone: _____

Adult Mentor: _____ Phone: _____

Attending

Scout: _____

Trained Adult: _____

Driving

Adult: _____ Available Seats: _____

Check One: To Outing From Outing Both Ways

I also give permission for any adult leader to seek medical attention if needed, and hereby give any qualified physician or dentist permission to treat my son.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Emergency Telephone No.: _____

* Give signed permission slip to the Senior Patrol Leader named above.