

TROOP 226, BOY SCOUTS OF AMERICA

TRIP PERMISSION SLIP

I give my permission for my son _____
to attend _____
from _____ to _____, 20____.

In case of emergency, I can be reached at _____

We belong to _____ Medical Plan,
ID or Policy Number _____. If I cannot be
contacted, I authorize any adult leader of Troop 226 to arrange such medical treatment as
he/she deems necessary.

Signed: _____ Parent/Guardian

Date: _____

MEDICAL INFORMATION

1. Does your son have a current medical problem we should be aware of? Yes No

If yes, please state what it is: _____

2. Is your son currently taking daily or routine medication? Yes No

My son, _____, will be bringing _____
(medication)

with him and has my permission to take it himself.

(Parent)

My son may be given _____ in case of an
(medication)

emergency, by an adult in authority. (This can only apply to common over the counter
medication.)

(Parent)

Please send medication in the original prescription container with dosages, doctor's name,
and expiration date on the label.

**3. If your son has a severe reaction to insect bites and bee stings, please check with
your physician or pharmacist about obtaining a bee sting kit.**

We thank you for your cooperation in making this a safe & healthy experience for your
son.

Leaders of Troop 226