

BOY SCOUT TROOP 74
PARENTAL PERMISSION SLIP & MEDICAL RELEASE FORM

PARENTAL PERMISSION SLIP

Date: _____

This form must be completed for all scouts under 18 years of age in order to participate in all activities conducted by Troop 74.

_____ hereby give permission for
(name of legal parent or guardian)

_____ to participate in any and all regular
(name of participant)

or special activities sponsored by BSA Troop 74. This permission is extended for the period of time that my son is a member or guest of the Boy Scouts of America Troop 74, Manhattan, KS, 66502

MEDICAL RELEASE FORM

Date: _____

My son, _____, has my permission to be treated and/or cared for by the person I have charged this responsibility to. Said person may delegate emergency treatment as deemed medically necessary. This authority is extended for the period of time that my son is a member or guest of the Boy Scouts of America, Troop 74, Manhattan, KS 66502. The authority is extended for all activities conducted by Troop 74.

Parent's or Legal Guardian Signature

Pertinent Medical Information of Child: _____

Family Physician: _____

Allergies: (Food, Drugs, Stings, Pollens, etc.) _____

Present Medication: _____

Parent's Phone Number: Home _____
Work _____

STATE OF KANSAS
COUNTY OF _____

Subscribed and sworn to be
before me, a notary public in
and for the said Court, this
_____ day of _____, 19____

(notary public)
My commission expires _____