

# Boy Scout Troop 142

Fayetteville, AR 72701

## PERMISSION SLIP FOR ACTIVITIES

I give \_\_\_\_\_ permission to attend \_\_\_\_\_  
Name of Scout Event Scheduled  
with Boy Scout Troop 142, Westark Area Council.

We will depart on \_\_\_\_\_ at approximately \_\_\_\_\_.  
Date Time

We will return on \_\_\_\_\_ at approximately \_\_\_\_\_.  
Date Time

**IN CASE OF EMERGENCY**, I understand that every effort will be made to contact me (if an adult member under 40, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son (for me, if an adult).

### Emergency Phone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Scoutmaster or Event Leader Date

### ***Special instructions (if any)***

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