

**BSA Etiwan District, Troop 502  
PERMISSION SLIP**

**When** \_\_\_\_\_

**Where** \_\_\_\_\_

**What** \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_,

- ✓ I hereby give my permission for him to participate in the below outing with Troop 502.
- ✓ I give permission to the leaders for the above unit to render First Aid, should the need arise.
- ✓ I also give permission, in the event of an emergency, to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.
- ✓ I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone @ (home) \_\_\_\_\_

(mobile) \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_

@ Phone Number \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Med. Allergies:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

Over the counter medications may be administered to my child. The Scout Master or Scout Leaders are the only persons who may administer medications, and I will receive notification if the child is frequently requesting medications.

BY SIGNING BELOW I GIVE PERMISSION FOR MY CHILD TO RECEIVE THE MEDICATIONS I HAVE CHECKED. (The Generic Equivalent may be used)

Medications:	Acetaminophen (like Tylenol)	Ibuprofen (like Advil)
	Cough Drops Chewable	Antacid (like Tums)
	Anti-itch lotion (Caladryl)	Rash Med (BALMIX)
	Bug Bite Cream (Benadryl)	Benadryl Tablet

\_\_\_\_ **I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD**

**Parent/Guardian  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_