

# Troop 1052 Parental Permission slip

Return slip by: \_\_\_\_\_  
(Return Date)

\_\_\_\_\_ (Date)  
(Event)

\_\_\_\_\_ has my permission to participate in the  
(Scout Name)

Troop 1052 \_\_\_\_\_ ; \_\_\_\_\_  
(Event) (Location)

I understand that neither St. Frances Cabrini Parish Boy Scout Troop 1052 nor any of its agents are responsible for any injury sustained by my son. I accept responsibility for any medical expenses as a result of any such injury sustained.

\_\_\_\_\_ (Home Phone #)      \_\_\_\_\_ (Parent Or Guardian Signature)      \_\_\_\_\_ (Date)

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## For Medical Release Purposes

To whom it may concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for \_\_\_\_\_  
(Dates Of Event)

This release form is completed and signed of own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed

\_\_\_\_\_ (Father, Mother, Legal guardian)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Address)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Home Phone)      \_\_\_\_\_ (Work Phone)

Phone where I can be reached during this event if different than above:

F a m i l y   P h y s i c i a n :      P h o n e :

Specific medical Allergies, chronic illnesses or other condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Another person to contact in case of emergency:

\_\_\_\_\_ (Name)      \_\_\_\_\_ (Phone #)

\_\_\_\_\_ (Medical Insurance Provider)      \_\_\_\_\_ (Account #)

Parental Info: Able to Drive: \_\_\_ Going; \_\_\_ Back Home \_\_\_ Both Ways  
   \_\_\_ Dad will attend

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### Parent information (please detach and keep if desired)

Location: \_\_\_\_\_ Cost \_\_\_\_\_

Meet at Cabrini Bus Garage at \_\_\_\_\_ (time) \_\_\_\_\_ (Date)

Return to Cabrini Bus Garage Approximately \_\_\_\_\_ (time)