

Name of Trip: _____

Schedule:

Leave from: _____ Day of the Week/Month/Day#/Year: _____

Return to: _____ Day of the Week/Month/Day#/Year: _____

Adult Leader: _____ Phone: _____

Fees: Scout: _____ Adult _____

Permission Slips and Money must be mailed to Diane Melia at 5718 Kenmore Road
Baltimore, MD 21210 on or before: _____

Permission Slip and Medical Authorization Form

My son _____ will be going on the _____ trip on
Month/Day through Month/Day: _____. He has my permission
to accompany Troop 1000 and participate in all activities of the troop during this trip.

My health insurer is _____ Policy number _____

Phone number I can be reached at during this trip _____

(EXTREMELY IMPORTANT IN CASE WE HAVE TO REACH YOU IN AN EMERGENCY)

My son is presently taking the following Medications _____.

My son is allergic to the following Medications _____

In the event of an emergency, I designate an adult on the Troop 1000 trip to authorize
medical treatment and/or the administration of anesthetic as may be necessary in the
judgment of the adult present.

Parent/Guardian name _____

Signature _____

Date _____

I **will** **will not** be going on the trip. I will provide transportation for ____ Scouts.