

**Troop 49 Parental Permission Slip - Give to Scoutmaster in advance of Outing
BSA Troop 49, Sacred Heart Church, Bayside, NY.**

I give my son _____ permission to attend the outing to:

Starting on _____ and returning _____
date date

My son has _____ and takes _____
allergies medicines

This authorizes (leader's name) _____ in my stead to have any doctor or hospital provide the emergency treatment they deem necessary in the best interest of my son.

Dated Signature of Parent or Guardian

Phone # where you can be reached: _____
Home Cell

Medical Carrier Name: _____ Group # _____ Member # _____

----- cut here -----

**Troop 49 Parental Permission Slip - Give to Scoutmaster in advance of Outing
BSA Troop 49, Sacred Heart Church, Bayside, NY.**

I give my son _____ permission to attend the outing to:

Starting on _____ and returning _____
date date

My son has _____ and takes _____
allergies medicines

This authorizes (leader's name) _____ in my stead to have any doctor or hospital provide the emergency treatment they deem necessary in the best interest of my son.

Dated Signature of Parent or Guardian

Phone # where you can be reached: _____
Home Cell

Medical Carrier Name: _____ Group # _____ Member # _____