

## Clinton Troop 1142 Permission Slips

*I give permission for \_\_\_\_\_ to attend the \_\_\_\_\_ event. In case of an emergency, I understand that every effort will be made to contact me. 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 medications for my child.*

*Date: \_\_\_\_\_*  
*Signature of parent or guardian*

*Emergency Contact in preferred order.*

*1. Phone Number \_\_\_\_\_ Contact*  
*Name \_\_\_\_\_*

*2. Phone Number \_\_\_\_\_ Contact*  
*Name \_\_\_\_\_*

*3. Phone Number \_\_\_\_\_ Contact*  
*Name \_\_\_\_\_*

Any permission slip that is signed by anyone other than the parent or guardian will not be accepted. Parents are encouraged to take part in several of the monthly outings yearly.

Any boy not furnishing this slip will not attend event. Permission slip forms for each outing and activity are available at scout meetings at the time of activity sign-up.