

Permission Slip - Troop 65 Coventry, CT

My son \_\_\_\_\_  
has permission to go to: \_\_\_\_\_  
and participate in the activities of B.S.A. Troop #65 of Coventry, CT, from date: \_\_\_\_\_

Our health/accident insurance company is \_\_\_\_\_  
Our policy number is \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**IF ABOVE CANNOT BE REACHED, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**MEDICAL CONDITIONS/ALLERGIES (Food, Medicine, Other):**

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS CURRENTLY TAKEN/INSTRUCTIONS FOR MEDICATING:**

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

**OTHER CONCERNS:**

Any other conditions, special care, diet or physical restrictions, or problems we should be aware of:

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF LAST TETANUS INOCULATION:** \_\_\_\_\_

Are other inoculations current? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT AUTHORIZATION;** This form is correctly filled out to the best of my knowledge, and the person herein described has permission to engage in all Troop activities except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or order injection, surgery, or other medical procedure which might otherwise be required to protect the injury or life of my son. I also give permission for the release of medical records for insurance purposes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_