

*Boy Scout Troop 8  
Independence, Ky  
Permission slip for troop event.*

My son/sons (name(s)):

\_\_\_\_\_

Has/Have my permission to attend the scout event on the following dates

From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

Signed \_\_\_\_\_ date \_\_\_\_\_ 20\_\_

Emergency contact phone numbers: **Someone must be available at all times in case of an emergency.**

Name Relationship Phone number

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Medication: Any scouts, who must take prescription drugs during a scouting event, must turn them into the leader in charge. They must be in a Ziploc bag with simple direct instructions for use. A leader will dispense them per directions.**

**Please follow the above directions. My son will be taking the following medication**

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

**They must be in a Ziploc bag with simple direct instructions for use.**

**Boys Scout and Venture Crew members of Troop 8 can use this form.**