

*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.