

**THREE RIVER DISTRICT #1
Troop 16**

Parental Permission Slip ——— REQUIRED FOR ALL EVENTS

My son _____ has my permission to go with Troop 16,
Boy Scouts of America of Point Pleasant, NJ to _____
on the following dates _____

Adult supervision will be present during the Event/Outing
If medical attention, hospitalization/anesthesia is necessary because of illness or resulting
from injury, then the supervisors have my permission to secure the necessary medical
attention.

My son is **ALLERGIC** to _____

My son takes the following **MEDICATIONS** _____

My son has the following **MEDICAL PROBLEMS** _____

TELEPHONE number to call ____ (____) _____

HOSPITALIZATION INFORMATION

COMPANY: _____

NUMBER: _____

Parent/Guardian Signature _____

Date _____