

**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 \_\_\_\_\_

**WATER EVENT PERMISSION SLIP**

A parent's signature is required for each listed water activity. If a signature is missing, the scout cannot participate in that activity.

1. boating/canoing \_\_\_\_\_
2. swimming \_\_\_\_\_

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 \_\_\_\_\_