Smithfield Boy Scout Troop 7

Activity Information and Permission Form

Troop 7 is going on the following activity:	
Place of Departure:	Date:
	Meeting Time:
	Departure Time:
Place of Return:	Date:
	Time:
Cost:	
Scouts are to wear:	

In case of an emergency at home your Scout can be contacted by contacted at:

Phone number #1	
Phone number #2	

Parents: Detach and keep the upper portion for your information

---

Fill out and return the lower portion to Scout Leader before departure

In consideration of the benefits derived and having full confidence that every reasonable precaution will be taken to ensure the safety of my scout, I agree to his participation in this activity and waive all claims against the leaders of this trip, officers, agents, sponsors and the representatives of the Boy Scouts of America.

In the event of an emergency, the troop leader of the activity has my permission to obtain medical treatment for the below listed scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. Please note the emergency information concerning my Scout.

_____ _____ _____

Scout's name Parent or Guardian's Signature Date

Activity_____ Trip Dates_____

The following information may be left blank if on file in Troop 7 records

Emergency Information

Parent's or Guardian's phone numbers Home_____ Work_____

Allergies_____

Medications_____

Instructions for medication(s)_____

Date of last Tetanus Shop / Booster _____

Medical Ins. Company	
Policy number	
SSN	