

TROOP 102 ACTIVITY PERMISSION SLIP

		has my permission to p	participate in	
(Scout's	Name)			
	(Troop Campout	Event)	-	
From (Dates)	to _		<u> </u>	
Please list any allergies,	medical conditions, or medical	cations:		
	thorization: In the every medical treatment as of those Number: (Please give the phone			vent)
Parent/Guardian Signa	ture:			
*Scout/Parent/Guardia	n: Please attach camp mone for to the campout (event).		Date and turn in no)
Please <u>circle</u> Patro	l: Ninja Monkeys	RT Mustangs	Rams	Sab
Paid: Scout A	ccount: \$			
	Cash: \$			