



Parental Permission & Information Form

Scout's Name: _____ Home Phone: _____

Address: _____
Number & Street City State Zip

Scout's E-Mail: _____ Scout's Cell Phone: _____

I give my permission, as his parent or guardian, for my son to participate in Troop 21 activities. I recognize in granting permission that there are some dangers involved in the activities of this Boy Scout Troop, and that injuries may occur. I hereby specifically waive any claims I may have, either on my own behalf or as a parent or guardian of my son, against Troop 21 and any adults accompanying the members of that Troop.

I acknowledge that if my son is injured, immediate medical treatment may be required. I hereby give permission for adult leaders present to decide as to the necessity of any emergency medical treatment and I agree to pay for such medical treatment if performed. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son. My son has medical insurance coverage.

In the event that my son must be sent home for medical or disciplinary reasons, I agree to pay for such transportation home, whether by airplane, train or bus. Transportation means selected will be that most convenient for the adult leaders.

Signature (Parent or Guardian): _____ **Date:** _____

Father's Name: _____ **Daytime Phone:** _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____

Father's Home Address: _____ **Check here if same as above:**

Number & Street City State Zip

Home Phone: _____

Mother's Name: _____ **Daytime Phone:** _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____

Mother's Home Address: _____ **Check here if same as above:**

Number & Street City State Zip

Home Phone: _____

If the Scout lives with a legal guardian other than parent(s) listed above:

Guardian's Name: _____ Daytime Phone: _____

Employer: _____ Occupation: _____