
PPF

Boy Scout Troop 150 Parent Permission Form

(SCOUT SHOULD RETURN PPF TO TROOP SCRIBE 3 MEETINGS BEFORE EVENT)

Activity _____ Patrol _____

Name of Scout _____ Rank _____

Address _____ Phone _____

Special Medications _____

Physical Restrictions _____

In Emergency, Notify: Name _____ Phone _____

Address _____

My/our son has permission to participate in this activity. I/We believe he is in good physical condition. I/We hereby waive any claim against the local or national council, Troop 150, its chartering organization and all boy or adult leaders of Troop 150 and the scout s patrol for any and all causes of injuries or accidents which may arise in connection with activity. I/We hereby give our permission for any emergency medical treatment needed to be provided to our son in connection with any Troop 150 outing or activity.

Signed: _____ Date _____

Thank you for allowing your son to take part in this scout event.

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