

# 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.

# 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.