

<h1>PPF</h1>	Scouts BSA Troop 150
	Parent Permission Form

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

Activity: _____ Patrol Name: _____

Name of Scout: _____ Scout's Rank: _____

Home Address: _____

Parent Home Phone: _____ Cell Phone: _____

Medication Instructions: _____

Physical Restrictions: _____

In An Emergency, Notify: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

My/our child has permission to participate in this activity. I/We believe he or she is in good physical condition. I/We waive any claim against the local or national council, Troop 150, its chartering organization and all youth 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 the activity. I/We hereby give our permission for any emergency medical treatment needed to be provided to our child in connection with this or any Troop 150 outing or activity.

Signed: _____ Date: _____

Thank you for allowing your child to take part in this Scout event!