

Troop 363
Scout Permission Form

My son _____ has permission to attend the following BSA

Troop 363 Activity: Summer Camp

Depart: Sunday June 13 at Southland Baptist church @ 8:00 am.

Return: Friday June 18 at Southland Baptist Church @ 7:00 pm.

Medical: I understand that in event that my son would need emergency medical attention and I could not be contacted at the phone numbers listed below, I hereby give my consent for the Scoutmasters to perform and obtain whatever medical care is deemed necessary. I do realize that I will be responsible for any and all costs associated with the care and treatment of my son.

Restrictions or other important information: _____

Signature of Parent or Legal Guardian

Date

Home Telephone Number

Business Telephone Number

Cell Phone Number

Emergency Telephone Number