

*Troop 363*  
***Scout Permission Form***

**My son \_\_\_\_\_ has permission to attend the following BSA**

**Troop 363 Activity: Summer Camp 2024 @Camp Constantin**

**Depart: Sunday, June 23<sup>rd</sup> at Southland Baptist church @ 8:45AM.**

**Return: Saturday, June 29<sup>th</sup> at Southland Baptist Church @ 2:15 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

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Emergency Telephone Number