PERMISSION FORM

I hereby give my permission for _____ to accompany Troop 80, B.S.A., on its Spring Trip, April 14-21, 2000.

As the legal guardian of the above-named minor, I hereby authorize Michael Brown, Scoutmaster, or Jerry Friedman, Cliff Kostuk, Assistant Scoutmasters, or Donna Marks, Committee Chairman, or any other member of the adult Troop Staff or Committee, to act on my behalf in authorizing any emergency medical, dental or surgical care, while my son is with the Troop on the trip. I understand that this document may be presented to a physician, dentist, or other appropriate medical person at such time as any such care may be required.

Signed: Phone (Home): _____

_____ Phone (Work): _____

[ ] Parent [ ] Legal Guardian

Date:

Other emergency contact (if any):

Medical Insurance

Carrier: _____

Policy Number: _____

When did the Scout last get a Tetanus shot? _____

Please list any allergies or other medical problems which a treating physician should know about: