

**PARENT PERMISSION FOR BOY SCOUT TROOP 430**

\_\_\_\_\_ (SCOUT NAME) has my permission to fully participate in \_\_\_\_\_, with the members of Troop 430 and adult leaders, subject to limitations noted herein. We shall make sure that he doesn't participate if he is not feeling well. He also has my permission to receive FIRST AID and to be treated by a licensed physician for emergency treatment.

**PLACE** \_\_\_\_\_ **DATES** \_\_\_\_\_

**PARENT/GARDIAN** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**PHONE NUMER WHERE CAN BE REACHED DURING ACTIVITY** \_\_\_\_\_

**DESIGNINATED PERSON IF NOT AVAILABLE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**I \_\_\_\_\_ HEREBY AUTHORIZE THAT FUNDS BE TRANSFERRED OUT OF MY PERSONAL SCOUT ACCOUNT WITH TROOP 430 FOR PAYMENT OF THIS ACTIVITY.**

**DATE** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

**PARENT PERMISSION FOR BOY SCOUT TROOP 430**

\_\_\_\_\_ (SCOUT NAME) has my permission to fully participate in \_\_\_\_\_, with the members of Troop 430 and adult leaders, subject to limitations noted herein. We shall make sure that he doesn't participate if he is not feeling well. He also has my permission to receive FIRST AID and to be treated by a licensed physician for emergency treatment.

**PLACE** \_\_\_\_\_ **DATES** \_\_\_\_\_

**PARENT/GARDIAN** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**PHONE NUMER WHERE CAN BE REACHED DURING ACTIVITY** \_\_\_\_\_

**DESIGNINATED PERSON IF NOT AVAILABLE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**I \_\_\_\_\_ HEREBY AUTHORIZE THAT FUNDS BE TRANSFERRED OUT OF MY PERSONAL SCOUT ACCOUNT WITH TROOP 430 FOR PAYMENT OF THIS ACTIVITY.**

**DATE** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_