

**PARENTAL PERMISSION SLIP
BOY SCOUT TROOP 18, MILFORD, MA**

Activity: Ultimate Obstacles in West Boylston

Date: Meet time 7:00 PM Friday Dec 7th at the Church

Return: Saturday Dec 8th approx. 3:00 PM at the Church

FEE: \$ 35 per person

Includes dinner Friday, breakfast Saturday, and Ultimate Obstacles gym admission

I/we, the natural parent(s) or legal guardian(s) of the minor listed below, give my permission for participation in the activity described above. In the event that I/we cannot be contacted immediately during his stay at this activity, I give my permission to the adult leaders for him to be treated at a medical hospital in the event of any emergency.

PARENT OR GUARDIAN SIGNATURE: _____

Scout's Name: _____ Home Phone: _____

Father's Name: _____ Emergency Phone: _____

Mother's Name: _____ Emergency Phone: _____

Address: _____ Town: _____ State: _____

Special Medical Condition/Allergies: _____

Currently on medication/needs special handling: _____

Medication brought along: _____

Physician: _____ Physician Phone #: _____

Insurance: _____ ID#: _____ Group #: _____

Driver info:

Can an Adult drive? YES NO TO From Both Ways

Adult staying for the entire trip? YES NO

How many passengers can you take? _____