

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

Activity: Camp Squanto

Meet at Church, 6 p.m., Friday, March 29

Return to Church Sunday, approx Noon, Sunday March 31

**FEE: \$25**

I/we, the natural parents(s) or legal guardian(s) of the minor listed below, give my/our 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

**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?** \_\_\_\_\_