



# Boy Scout Troop 1131 – Permission to Participate



**Scouts:** Please ask your parents to fill out and sign this form. Bring the signed form back at least two weeks before the event. You must have a signed permission form to participate. **Adults:** Complete and sign form.

Scout \_\_\_\_\_ has permission to participate in the \_\_\_\_\_  
Scout/Adult Name Activity Title  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Activity Title continued MM/DD/YYYY MM/DD/YYYY

### In case of emergency notify:

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone: \_\_\_\_\_

Special medical information leaders should know (medication, allergies, sleep walker, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the following as appropriate. Medication not checked or checked 'NO' will not be provided.**

The adult troop leaders may provide the following medication to your child:

- | YES                      | NO                       | MEDICATION             | YES                      | NO                       | MEDICATION            | YES                      | NO                       | MEDICATION            |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol                | <input type="checkbox"/> | <input type="checkbox"/> | Advil                 | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl tablets      |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums                   | <input type="checkbox"/> | <input type="checkbox"/> | Rolaids               | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl cream        |
| <input type="checkbox"/> | <input type="checkbox"/> | Alka-Seltzer           | <input type="checkbox"/> | <input type="checkbox"/> | Imodium AD (Diarrhea) | <input type="checkbox"/> | <input type="checkbox"/> | Lip Balm              |
| <input type="checkbox"/> | <input type="checkbox"/> | Neosporin              | <input type="checkbox"/> | <input type="checkbox"/> | Luden's Cough Drops   | <input type="checkbox"/> | <input type="checkbox"/> | Pepto Bismol          |
| <input type="checkbox"/> | <input type="checkbox"/> | Bonine Motion Sickness | <input type="checkbox"/> | <input type="checkbox"/> | First Aid Cream       | <input type="checkbox"/> | <input type="checkbox"/> | Kaopectate (Diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | Maalox                 | <input type="checkbox"/> | <input type="checkbox"/> | Sudafed               | <input type="checkbox"/> | <input type="checkbox"/> | Anti-fungal Powder    |

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Can you provide **TRANSPORTATION** for this activity? YES  NO  Seats in car EXCLUDING driver: \_\_\_\_\_

I can drive: GOING  RETURNING  BOTH WAYS  PHONE: \_\_\_\_\_

Adult Participant / Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_