

ACTIVITY PERMISSION SLIP

DATE OF ACTIVITY: _____ ACTIVITY: _____

GATHERING PLACE: **Great Bridge Baptist Church**

DATE LEAVING: _____ TIME LEAVING: _____

DATE RETURNING: _____ TIME RETURNING: _____

(PLEASE FILL-IN ALL INFORMATION BELOW)

SCOUTS NAME: _____

SCOUTS STREET ADDRESS: _____

CITY: _____ STATE: **Virginia** ZIP: _____

HOME PHONE: **(757)** _____ EMERGENCY: **(757)** _____

I, _____, give permission for my son,
(Print Parent or Guardian name)

_____, to attend the above stated
(Scouts Name)

activity and for any needed emergency treatment to be given. Having full confidence that every precaution will be taken to ensure the safety and well being of my scout. I hereby waive all claims against the leaders of this trip, officers, agents & representatives of the Boy Scouts of America. In the event of an emergency, the troop leader has my permission to obtain medical treatment for my scout at the nearest hospital or doctor, at my expense.

SIGNED : _____ DATE: _____
(Parent or Guardian's signature)

(KEEP BELOW FOR YOUR INFORMATION, RETURN THE TOP PORTION TO THE SCOUTMASTER)

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