

# BOY SCOUTS OF AMERICA TROOP 74

## PARENTAL PERMISSION SLIP

Please turn this in at the troop meeting **11 days before the outing** so transportation can be arranged and food purchased in time. If your son cannot attend, please notify the Scoutmaster in charge and the Patrol Leader before the food is purchased so money is not wasted. Thank you.

I hereby give permission for my son \_\_\_\_\_ to attend the following outing with Troop 74:

Date: \_\_\_\_\_ Outing: \_\_\_\_\_

I understand that every effort will be made to contact me in case of emergency. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

List any physical condition or medication leaders should know about that was NOT noted on the scout's last personal health and medical record:

Condition: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Troop leaders are authorized to administer the following **checked** medications to my son if the need arise:

- |  |  |
|--|--|
| <input type="checkbox"/> Robitussin (cough)            | <input type="checkbox"/> Maalox (indigestion)            |
| <input type="checkbox"/> Kaopectate (diarrhea)         | <input type="checkbox"/> Milk of Magnesia (constipation) |
| <input type="checkbox"/> Aspirin (pain, inflammation)  | <input type="checkbox"/> Acetaminophen (Tylenol) (pain)  |
| <input type="checkbox"/> Ibuprofen (Advil) (pain)      | <input type="checkbox"/> Benadryl (insect bite or sting) |
| <input type="checkbox"/> Neosporin (antibiotic)        | <input type="checkbox"/> Bacitracin (antibiotic)         |
| <input type="checkbox"/> Other (please specify): _____ |  |

Parent location during outing \_\_\_\_\_ Phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Authorization for minor to handle and shoot firearms (Per California Penal Code Sections 12552 & 12101)**

My son \_\_\_\_\_ has my permission to shoot and handle cartridge or black powder firearms including, but not limited to, rifle and shotgun, with Scout Troop 74.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_