

**Troop 299 Permission Slip: Event**[\_\_\_\_\_] - **Date**[\_\_\_\_/\_\_\_\_/\_\_\_\_]

**Only boys with signed permissions may participate.**

My son \_\_\_\_\_ has permission to participate with Troop 299  
in event [\_\_\_\_\_] on date [\_\_\_\_/\_\_\_\_/\_\_\_\_].

He is in good health and may engage in all activities: [ ]yes [ ]no. If no, list any  
exceptions: \_\_\_\_\_

During this activity, I may be reached at:

Address \_\_\_\_\_ Phone number \_\_\_\_\_

If I cannot be reached in event of an emergency, the following person is authorized to act in my behalf.

Name \_\_\_\_\_ Relation to participant \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

Physicians address \_\_\_\_\_

Additional remarks, allergies or special medical consideration regarding my son  
\_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

In case of an emergency, if none of the above can be contacted, I consent to treatment for my son under the supervision  
of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant  
to Section 25.8 of the California Civil Code.

Parent or guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

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