



Boy Scouts of America
Southeast Louisiana Area Council
Troop 491 Permission Slip

Scout's Name _____ Date of Birth _____

Address _____ Phone Number _____

Emergency _____

Phone Number _____

Emergency _____

Parent's Name _____ Phone Number _____

Doctor's Name _____ Phone Number _____

Family Health Insurance Company _____

Policy Number _____ Group _____

List Any Allergies _____

List Any Other Medical Conditions _____

List Any Medications _____

I give permission for my son _____ to participate in all troop outings and activities. In the event of an emergency, I give permission to the physician selected by the troop leader to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my son. I am aware that the troop is insured with the "BOY SCOUTS OF AMERICA COUNCIL ACCIDENT AND SICKNESS PLAN" which is administered by Health Special Risk, Inc. 4001 North Josey Lane, Carrollton, Texas 75007-1520 - 1/866-726-8870. I will be fully responsible for all costs incurred which are not covered by this policy or the family policy above. This permission slip is valid from May 1, 2007 through May 31, 2008.

Parent / Guardian

Date

Scoutmaster

Committee Chairman

Notary