

Troop 112- Jacobstown, NJ
Parental Permission Slip – for scout participation in planned activities

I _____ (Parent or Guardian), of Scout _____,

Hereby give my consent for my son to participate in the activities planned on:

_____ (dates)

I also give permission for any emergency medical treatment should the need arise. I hereby agree not to hold Troop 112, the Scoutmaster, adult leaders, and the Boy Scouts of America personally or collectively liable.

During the course of this activity, I can be reached at: _____ (phone number)

Parent or Guardian signature: _____ Date: _____

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