

## **PERMISSION SLIP**

As the parent/guardian of \_\_\_\_\_ (Scouts name), I hereby give permission for my son to attend Swim Night at the John Glenn High School Pool with Cub Scout Pack \_\_\_\_\_ and Boy Scout Troop 1736 on \_\_\_\_\_ (Date). Swimming starts at 7:30 p.m. and ends about 8:45 p.m. Parents may wait in the mezzanine. Swimsuits are required, no cutoffs are permitted. Webelos Scouts will be working on either the Swimming Belt Loop or the Aquanaut Activity Pin.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be contacted, I give permission to any adult leader from Pack \_\_\_\_\_ or Troop 1736 to seek appropriate medical attention. I further give permission to the Physician selected by the adult leader to secure proper treatment including hospitalization, anesthesia, surgery and the administration of medication for my son.

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

Please return completed form to your son's Webelos Leader.

## **PERMISSION SLIP**

As the parent/guardian of \_\_\_\_\_ (Scouts name), I hereby give permission for my son to attend Swim Night at the Wayne Memorial High School Pool with Cub Scout Pack \_\_\_\_\_ and Boy Scout Troop 1736 on \_\_\_\_\_ (Date). Swimming starts at 7:30 p.m. and ends about 8:45 p.m. Parents may wait in the mezzanine. Swimsuits are required, no cutoffs are permitted. Webelos Scouts will be working on either the Swimming Belt Loop or the Aquanaut Activity Pin.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be contacted, I give permission to any adult leader from Pack \_\_\_\_\_ or Troop 1736 to seek appropriate medical attention. I further give permission to the Physician selected by the adult leader to secure proper treatment including hospitalization, anesthesia, surgery and the administration of medication for my son.

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Parent/Guardian Name Printed

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Parent/Guardian Signature

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Home Phone Number

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Alternate Phone Number

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Emergency Contact

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Please return completed form to your son's Webelos Leader.