

SCOUTS BSA
TROOP 63 SUDBURY
ANNUAL PERMISSION / EMERGENCY INFO FORM

Boy Scout _____ has permission to participate in meetings, activities, and outings of Sudbury Boy Scout Troop 63. Scoutmaster _____ and other adult leaders are authorized to secure emergency medical aid for my son in the event it should be required.

Signed: _____ **Date:** _____
Parent or Guardian

Medical Insurance Plan:	_____	ID #:	_____
Physician's Name:	_____	Phone #:	_____
Dentist's Name:	_____	Phone #:	_____
Orthodontist's Name:	_____	Phone #:	_____

Allergies:	
Medications:	
Dietary Notes:	

Please fill out the information requested below as completely as possible. It is very important for Troop 63 to have accurate and updated parent/guardian contact information for all of our Scouts!

Parent Name 1:	Parent Name 2:
Home Phone 1:	Home Phone 2:
Work Phone 1:	Work Phone 2:
Cell Phone: 1:	Cell Phone 2:
Email Address 1:	Email Address 2:

In the space below, please provide one or more Emergency Contacts if parents cannot be reached:

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IMPORTANT: Remember to update your information during the year if it changes. Thanks!