

# Troop 266 ~ Permission Slip ~

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Event Adult Leader: \_\_\_\_\_

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*I will conduct myself in a manner consistent with the Scout Oath and Scout Law; I will represent Troop 266 and Scouting in a way that sets an example of Positive Leadership.*

*I give my permission for my Scout's participation in this activity. I also grant permission to extend medical care to my Scout, at my expense, in the event Of accident or illness during this activity.*

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Print Scout's name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Scout's signature: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Notes: \_\_\_\_\_

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Print Scout's name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Scout's signature: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Notes: \_\_\_\_\_

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Print Scout's name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Scout's signature: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Notes: \_\_\_\_\_

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Parent signature: \_\_\_\_\_

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Print Scout's name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Scout's signature: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Notes: \_\_\_\_\_

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