



BSA Troop 198 Doolittle School
Cheshire, CT 06410

Parent Permission Form

I (We) hereby give my permission for my/our son, _____
 To participate in BSA Troop 198 programs including, but not limited to, all outdoor camp-out
 and special programs during the period from 09/01/13 through 08/31/14.

To the best of my (our) knowledge and belief, he is in good physical health and does not have a
 medical infirmity that would limit his activities.

I (We) understand that in the event of any disciplinary problems with my (our) son, I (We) may
 be contacted and will be expected to personally pick him up at the camp, meeting or event site.

I (We) also hereby authorize the adult leaders to secure any medical assistance for my (our) son
 that they deem necessary and I (We) agree to pay for or reimburse such leaders for any expenses
 that they may incur for such medical assistance.

| | | |
|-------------------|-------|----------------|
| _____ | _____ | _____ |
| Parent Signature | Date | Home Phone |
| _____ | | _____ |
| Print Parent Name | | Work Phone |
| _____ | | _____ |
| | | Other Phone |
| _____ | | _____ |
| Address | | E-mail Address |