

TROOP 116 ACTIVITY PERMIT

BOY SCOUTS OF AMERICA

Mecklenburg County Council, Charlotte, North Carolina

Last name

Date

This form is to be completed by Scout parents/guardians and turned in to the Troop upon joining and for periodic updating as needed.

Scout Information:

Scout's Formal Legal Name (First)	(Middle)	(Last)	(Suffix: Jr, III, etc.)	Name Called (Nickname)
Home Address				Scout's Date of Birth
City, State, Zip				Home Phone
Scout's Email Address				Scout's Cell Phone

Parent/Guardian Contact Information:

Name of Parent(s) or Guardian(s) (include first names)		
Father's Business	Father's Business/Daytime Phone	Father's Cell Phone
Mother's Business	Mother's Business/Daytime Phone	Mother's Cell Phone
Father's Email Address		
Mother's Email Address		

Secondary Emergency Contact if above parent(s)/guardian(s) cannot be reached:

Name of Secondary Contact	Relationship
Address	Primary Phone
City, State, Zip	Other Phone

Scout named above is covered by health and accident insurance by contract with the following named insurance company:

Insurance Company/Group Plan	
Name of Parent's/Guardian's Employer	
Policy or Group Number	Certificate or ID Number
Address, City, State, Zip	Phone

Health and Medical Information:

List any condition requiring regular medication and the names of all medications currently being taken by the Scout. List any allergies to food, medicines, insects, plants. List any health conditions or concerns, physical or behavioral, that may require special care, medication, diet, or that may affect or limit full participation in the Scouting program.

Name of Scout's Personal Physician		Phone
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SEE OTHER SIDE FOR RELEASES, CONSENT TO MEDICAL CARE AND TRAVEL, AND REQUIRED SIGNATURES

