



Adult/Chaperone Permission Form

My Name _____

Troop/group _____ is planning a trip to _____

Date(s) _____ Time: _____

Location _____

We will meet at: _____
(Place) (Date/time)

Transportation will be by: _____

The adult in charge of the group is: _____ Phone: () _____

Activities on this trip include: _____

Information needed:

My medical form is complete and handed in to the adult in charge. The person to contact in case of emergency is:

Name _____ Relationship: _____

Contact Phone Numbers: _____

My allergies are: _____

Other important medical information for emergency personnel to know:

(Signature)

(Date)

Note: Because this form contains medical information, it will be kept confidential by the adult in charge and only used in a medical emergency. The form will be returned to the signer at the end of the activity.