

# Adult/Chaperone Permission Slip

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)

\_\_\_\_\_  
(Contact number)

\_\_\_\_\_  
(Second contact number)

\_\_\_\_\_  
(Relationship)

My allergies are: \_\_\_\_\_

\_\_\_\_\_

Other important medical information for emergency personnel to know:

\_\_\_\_\_

\_\_\_\_\_

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(Signature)

(Date)

(Because it contains medical information, this form 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.)