BOY SCOUTS OF AMERICA TROOP 17

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR SCOUTING ACTIVITIES

Scout: Alex Sample Scout
Date of Birth: 2013-04-15
Parent/Guardian: Jordan Sample Parent
Address: 100 Sample Family Road, Moore, OK
Phone: 555-0100

Has permission to participate in: Sample Weekend Campout
To be held: 2026-08-14 2026-08-16
Location: Sample Creek Camp
Cost: $25 sample fee
Required forms: Permission slip

I approve of the leaders who will be in charge of this activity and certify that
the youth participant named is physically fit to engage in the activity described above.
Signed: Jordan Sample Parent
Date: 2026-08-01T12:00:00Z
Relationship: Parent/Guardian

Authorization to Consent to Medical Treatment
I authorize the adult leaders in charge of Boy Scout Troop 17 to consent to medical
or surgical diagnosis or treatment when efforts to contact me are unsuccessful.
Emergency Contacts: Taylor Sample, 555-0101
Doctor: Dr. Demo Placeholder
Allergies: No sample allergies listed
Medication: No sample medications listed
Insurance: Sample Insurance Plan
Other Special Needs: No sample special needs listed