

**ORDER OF THE ARROW PERMISSION SLIP**

*(This form **must be hand carried to camp** and turned in when registering at the event)*

**NO YOUTH WILL BE ALLOWED TO PARTICIPATE IN AN ORDER OF THE ARROW FUNCTION WITHOUT A SIGNED PERMISSION SLIP. Scouts who appear to be ill will not be permitted to attend.**

My son \_\_\_\_\_ has permission to attend the following Order of the Arrow function on \_\_\_\_\_ at \_\_\_\_\_.

**MEDICAL CONSENT TO TREAT**

I authorize the adult leaders of the Order of the Arrow to obtain **any emergency medical treatment or other assistance as needed** for my son in the event of injury or illness.

Phone number where Parent or Guardian can be reached:

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Physician \_\_\_\_\_

Alternate Person to contact in case of emergency. Name; \_\_\_\_\_ Phone; \_\_\_\_\_

Person designated to pick up Scout if returning home early; \_\_\_\_\_ Phone; \_\_\_\_\_

Medication, restrictions, or special instructions (If none, please write: "NONE"); \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read, understood, and agree with this Medical Authorization:**

Print Name: (Parent / Guardian) \_\_\_\_\_ Signature \_\_\_\_\_