

ORDER OF THE ARROW PERMISSION SLIP

This form is to be turn in at: Check In

**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; _____

I authorize the adult leaders of the Order of the Arrow to obtain any emergency medical treatment or other assistance as needed.

Phone number where Parent or Guardian can be reached: Home Phone: _____

Cell Phone: _____

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 Authorization;

Print Name: (Parent/Guardian) _____ Signature: _____

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