



**B.S.A. PERMISSION FORM**

I give permission for participation in BSA and Troop 35, North Florida Council, programs for \_\_\_\_\_ (participant name), subject to the limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication, for my child (or for me, if an adult).

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Parent/Guardian or Adult

PRINTED: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires: \_\_\_\_\_