

Venture Crew 351 Permission Slip

Event: _____

Depart: _____

Return: _____

Depart from and return to _____

Please turn over all prescription medications to the Adult Leader in charge. Medications need to be in their original packaging with the instructions for dispensing clearly written on the container.

I hereby acknowledge that I have read this permission slip and the explanation of the event and that the Venturer has the proper equipment and clothing to participate in this event.

In case of an emergency, I understand that every effort will be made to contact me, but in the event that 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 medications for my child.

Venturer name: _____ (Print)

Phone where you can be reached: _____ Date: _____

Parent or Guardian Signature: _____

