TROOP 149

If you are not a member of Troop 149, but are attending one of Troop 149's activities or outings, you must fill in the information on this form.

I/We give permission for _____ to go with BSA Troop 149 to
print
_____ on _____, 2005

In the event of an accident, I understand that an attempt will be made to contact me. If I cannot be reached, I/We also give permission for emergency medical treatment in the event of an emergency.

Medical Insurance Information: Company_____

Address_____

Phone Number_____

Policy No._____

Social Security Number_____

Allergies/Medical Condition:_____

Parent/Guardian Signature_____ Print name_____

Phone _____Cell number _____
Date_____