

RESTART SCOUTING UNIT CHECKLIST

Unit Type Pack Troop Crew Post Unit No. _____

District _____ Council _____

Event/Activity Name _____

	Participants Name	Youth Waiver	Adult Waiver	Annual Health & Medical Record (Part A & B)	Supplemental Medical Permission Form (As Needed)
1					
2					
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I verify and acknowledge that the above required documents have been completed, reviewed, submitted, (for district or council activities) or retained (for unit activities) for all persons listed above.

Name _____ Signature _____

Date _____