

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 33.

Departure Time:

Date: ___/___/___

Location

Return Time:

Date: ___/___/___

Activity:

I give permission to the leaders of Troop 33 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leaders, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I also give the Adult leaders of Troop 33 permission to give my Scout over the counter medications such as Acetaminophen (Tylenol), Ibuprofen (Advil) Benadryl (or it's equivalent) and Antiacids (Tums, etc) as the need arises.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

I also acknowledge that I am personally responsible and liable for any damages caused by my Scout to private and public lands, dwellings or other property. Furthermore, my Scout agrees to adhere to the code of conduct expected of him by his Troop as well as the Boy Scouts of America.

My Scout also knows of any and all limitations for participation in certain activities, and of his responsibility to inform Troop Adult leadership of these limitations as the need arises before participating in such activity.

My Scout has the following Allergies (including foods) and/or conditions: _____

My Scout is currently taking the following medications: _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

___ I WILL be attending this event and can provide transportation for a total of ___ persons including myself.

___ I WILL NOT be attending this event, but I can provide transportation both ways for ___ persons, including myself.

___ I am unable to attend or drive for this event.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____
(Parent or Guardian)