

PERMISSION SLIP

Activity: _____
Emergency Contact: _____
Date/Time Leaving: _____
Date/Time Returning: _____
Costs: _____
Due Date: Permission slips and monies due not later than Thursday, _____

Please ensure your scout brings a sack lunch or eats prior to leaving.

Please detach and retain this section and return the rest of this form per instructions above

Activity:

WAIVER OF RESPONSIBILITY
Troop 474 Boy Scouts of America

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ward(s), namely:
_____ on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop 474.

(Signature of parent or guardian and date)

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Record.)

During the activity listed above, I can be contacted at:

Home Phone: _____ Cell Phone: _____ Other: _____

This Scout is highly allergic or sensitive to _____.

Date of the latest or last tetanus shot/booster _____

MEDICAL INSURANCE INFORMATION: Company _____ Policy No.

(Control No. if group policy) _____

If your scout is taking medication, please fill out medicine form on reverse.

Parent/Adult Leader Information

I will attend this Troop activity. Yes No
I can transport scouts on Friday evening. Yes No
I can transport scout on Sunday morning. Yes No
If yes, how many passengers? _____

MEDICATIONS FOR: _____

MEDICATION	DOSAGE	TIME(S) TO GIVE					Special Instructions
		A.M.	Breakfast	Lunch	Dinner	Bedtime	
MEDICATION WAS GIVEN AS FOLLOWS:							

FRIDAY							
SATURDAY							
SUNDAY							

NOTES: _____

My scout takes medicine for the following reason(s): _____

If needed, I give the adults in charge permission to give my scout the following medicines as they feel necessary:

Tylenol	_____
Ibuprofen	_____
Pepto-Bismol	_____
_____	_____
_____	_____