



TROOP 474 PERMISSION SLIP

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

WAIVER OF RESPONSIBILITY

Name of Scout: _____

Dates of Campout: _____

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) 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 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: () _____

This Scout is highly allergic or sensitive to: _____

Date of the latest or last tetanus shot/booster _____

MEDICAL INSURANCE INFORMATION:

Company _____ Policy # _____

Control # (if group policy) _____

If your Scout is taking medication, please fill out medicine form:

Medication	Dosage	Times to Give Medication				Instructions
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

I give the adults in charge permission to give my Scout the following medication if necessary:

- Tylenol _____
- Ibuprofen _____
- Pepto-Bismal _____