

St. Margaret's Boy Scout Troop 119; Middle Village, NY

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 119.

Departure Time: _____ **Date:** ___/___/___ **Location**
Return Time: _____ **Date:** ___/___/___ _____

Activity: _____

The cost of this trip is \$ _____ per scout and \$ _____ per adult.

An occasion could arise that you will need to be contacted while the scouts are involved in the above listed activity. In case of injury, sickness, violation of BSA policy, etc, the adults leaders and Troop Committee require that the responsible parties shall be named and phone numbers shall be listed where you can be reached during the duration of the activity. Please list these numbers below.

In the event of an emergency and I cannot be reached, I give permission to the leaders of Troop 119 to render First Aid to my son/ward. Should the need arise, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed to keep my son/ward in a stable condition until I am contacted.

All Medical concerns (allergies, prescriptions, etc) or any restrictions my son has are listed on the back of this form.

RELEASE: 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.

In addition to my son,
the following number of adults will attend: _____ I can drive _____ (See Below)

Total amount enclosed: _____

NOTE: this form together with payment must be returned no later than :

DRIVERS INFORMATION (please fill this out if you are driving). All drivers are asked to make additional transportation available for boys and gear. SCOUTING IS TEAMWORK !!!

Vehicle information: Make /year of car: _____

Vehicle's owners name: _____ Driver license number: _____ ST: _____

Insurance coverage: _____ Per accident: _____ Per person: _____

Number of seats with seat belts: _____ NOTE: Everyone must wear seat belts

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)