

PERMISSION SLIP AND WAIVER OF RESPONSIBILITY

I, _____, being the parent or legal guardian of _____ hereby give my consent for him to participate in the Troop 474 outing: (____ days). I have read and/or have been advised of the itinerary for this outing and I have no objections in letting him participate in this outing. I further realize that this outing does involve an element of risk for my son / ward to participate in.

I hereby waive all claims against leaders of this trip, leaders of the troop, officers, agents and representatives of the Boy Scouts of America (BSA) and our sponsor. In the event of injury or illness of my son / ward, I hereby give permission for first aid and any licensed physician or his designated assistant, to give any such aid, medical and/or surgical treatment as they may consider necessary for his relief, health and safety. I authorize his adult leader(s), personally, to obtain such treatment including medications for my son/ward and give consent for such treatment and medications on my behalf. I also agree to provide payment and/or reimbursements for such treatments and medications, including transportation, that are not provide for per the BSA and/or per my own and/or son / ward’s insurance.

I agree if in the judgment of the leader it would not be safe or advisable to go to this area, due to weather or etc. they may change the area and/or itinerary for the outing without previously contacting me.

Please note below any medical information the leaders should be made aware (e.g.. Asthma, allergic to medication, behavior issues, heart murmur etc.):

Please note below any medicine your son/ward is currently on.

Please note any side affects that may occur due to medication or any precautions you wish the leaders to take with your son on the outing:

Approximate Height of son/ward _____ Approximate Weight of son/ward _____

In the event I need to be contacted, you can reach me at these telephone numbers:

Home: _____ Other: _____

In an emergency you may contact: _____ Phone _____

Parent or Guardian Signature _____ Date _____

Note: Please attach any additional information to this form as you see necessary (e.g. copy of insurance card and/or have you son / ward bring their card). This permission slip is intended to be supplement to the BSA **Class 1 and Class 2 Personal Health and Medical Record** forms that the troop should have on file for your son / ward. Please make sure that you carefully read the Class 1 & 2 forms and the forms that the troop has on your son / ward are up-to-date, fully filled out, accurate and valid.