

# Troop 339

## Activity Permission Slip

Activity Name \_\_\_\_\_

### PERMISSION AND WAIVER OF RESPONSIBILITY AND EMERGENCY INFORMATION

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 above Scout son/ward(s), I agree to this participation, and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsoring organization. In the event of an emergency, and troop/unit leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our doctor is not readily available and as restricted on this form. During the activity, I can be called (long distance collect) at one of the following numbers:

Phone #1 ( ) \_\_\_\_\_

Phone #2 ( ) \_\_\_\_\_

This Scout is highly allergic or sensitive to: \_\_\_\_\_

What, if any, medication is the Scout on: \_\_\_\_\_

Any special instructions for this medication: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please attach a note on a separate paper if there is any additional information the activity or unit leader needs to know!

I have read the above waiver and agree to its terms, and hereby give permission for my Scout to attend the \_\_\_\_\_ Activity on (Dates) \_\_\_\_\_

Scout Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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YES, I have signed up for \_\_\_\_\_

Scout Name: \_\_\_\_\_

COST: \$ \_\_\_\_\_ (Circle One) CASH CHECK HAF

Adult Name: \_\_\_\_\_

### ADULT Volunteers Needed

Adult can Drive: Yes / No

Friday Evening: \_\_\_\_\_

Sunday Morning: \_\_\_\_\_

Entire Weekend: \_\_\_\_\_

Number of Scouts that will fit in your vehicle, including your own Scout: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Phone Number to reach the Adult (for trip planning purposes): ( ) \_\_\_\_\_ Day / Eve