

Troop 865 Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 865.

Departure Time: 6:30 PM	Date: _____	<u>Location</u> Trailer
Return Time: 9:00 AM	Date: _____	Trailer

Activity: _____

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, 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.

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.

I further agree to hold the above named unit and its leaders blameless for any loss, damage, or theft of any gear including electronics that might occur during this outing.

Is the Scout taking any medicine? _____ (Give to a leader)

Instructions _____

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)