

PARENT PERMISSION FORM

Request for permission to accompany Troop 544 on a trip outside of a regular troop meeting.

Activity: _____ Location: _____ Dates: _____

Departing: _____ Time: _____ Date: _____

Pick up at: _____ Time: _____ Date: _____

Leader in Charge: _____ Cost: _____

In Case of Emergency, the Leader will notify: _____ Phone: _____

↓ RETURN THIS SECTION TO THE LEADER IN CHARGE ↓

Note: THIS PORTION MUST BE RETURNED BY: _____ IN ORDER TO PARTICIPATE

Permission is hereby granted for: _____ DoB: _____

Street: _____ City: _____ Zip: _____

to accompany Troop 544 on a trip to: _____ For: _____

Dates: _____ Departing Location: _____ Time: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. *In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.* Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

DURING THE ACTIVITY OR IN CASE OF EMERGENCY:

I may be reached at _____ Best contact / Emergency contact _____ cell or other emergency number _____

Participant's signature _____ Date _____

Parent/guardian signature _____ Date _____

Parent/guardian printed name _____

DOES DRIVER WISH TO CAMP OVERNIGHT AND PARTICIPATE? YES _____ NO _____

DRIVER AVAILABILITY:

I will drive to camp _____ I will pickup from camp _____ No preference _____

The Troop cannot lend any tents, cots, or sleeping bags, to adults staying overnight.