

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 613.

Activity: _____ **Location** _____

Departure Time: _____ **Date:** _____

Return Time: _____ **Date:** _____

INFORMATION

We will be leaving Friday night and returning Sunday morning.
The fee for this trip is ____ per scout, which includes transportation and _____.

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.

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)

Allergies or other important medical notes:

Medications to be given at camp:

Name of Med	Strength	Dosage	Frequency
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Adults:

_____ I am a registered scouter, and would like to chaperone this campout.