

Troop 370 Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 370.

Location _____

Activity: _____

Departure Time: _____ Date: __/__/__

Return Time: _____ Date: __/__/__

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)

Medical Information

Em Contact: _____ Phone: _____ Class #2: _____

Doctor: _____ Phone: _____ Class #3: _____

Insurance: _____ Phone: _____ Tetanus: _____

Policy: _____ Group: _____

Allergies: _____

Other: _____
