

Troop 1154 Generic Permission Slip

Please fill out completely

Permission Slip and Waiver of Responsibility TROOP 1154 - BOY SCOUTS OF AMERICA

ACTIVITY: _____

During the activity listed above, I can be contacted at the following phones:

(_____) _____ (_____) _____

If we are not available call _____ relationship _____
at phone # (_____) _____

Special Considerations (very important):

Is your Scout currently under a physician's care or taking any medications? Yes___ No___

Is your Scout highly allergic or sensitive to anything? Yes___ No___

Should any activities for your Scout be restricted? Yes___ No___

Is it necessary for your Scout to follow a special diet? Yes___ No___

Are there other special considerations concerning your child which we should be aware of? Yes___ No___

****If you answered Yes to any of these questions, please explain in DETAIL on the back of this form.****

Is it okay to provide Tylenol or Ibuprofen as necessary for general aches (e.g. headaches)? Yes___ No___

Is it okay to apply Calamine lotion as necessary for allergic reactions (e.g. poison ivy)? Yes___ No___

Is it okay to apply antibiotic cream as necessary for cuts and scrapes? Yes___ No___

Medical Insurance Carrier: _____ Policy Number: _____
Phone Number: _____

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 Scout, namely:** _____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor Ashburn Ruritan Club. In the event of an injury or in the case of an emergency, any adult leader of Troop 1154, Boy Scouts of America, has my permission to obtain medical treatment for this scout at the nearest hospital, emergency medical facility, or physician. I also agree to reimburse the Leaders for any fees incurred by my son for any emergency, medical or other.

Date: _____ Parent Signature: _____

Parents must complete this section to allow us to plan for transportation for this event.

I will attend this Troop Activity: Yes___ No___

I can drive TO this Troop Activity: Yes___ No___

Number of seat-belted passengers NOT counting your son(s): With gear ____ / Without Gear ____

I can drive FROM this Troop Activity: Yes___ No___

Number of seat-belted passengers NOT counting your son(s): With gear ____ / Without Gear ____