

Permission Slip and Waiver of Responsibility

Troop 7 _____ (Name of Activity)

Troop 7 Boy Scouts of America, sponsored by Christ Lutheran Church, is going

_____ **The group will depart on _____ from the church.** 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 son (s)/ward,

NAME: _____
for the activity outlined above, I agree to his participation and waive all claims against the leaders of the trip, officers, agents, representatives of the Boy Scouts of America and the sponsors. In the event of an emergency, the troop unit leader of the activity had my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

(Signature of Parent or Guardian) (Date)

- YES < > NO < > I would like to camp with the Troop Quarterdeck Patrol
- < > < > I can drive up on _____ & carry _____ Scouts
- < > < > I can drive back on _____ & carry _____ Scouts

Emergency Information:

During the activity listed above, I can be contacted at the following Phones and will accept collect long distance telephone calls:

This Scout (s) is highly allergic to or sensitive to : _____

What, if any, medication is this Scout taking? _____

YES < > NO < > Do you want the unit leader to carry the medication?

Date of latest tetanus shot/booster: _____

Use the back of this form for any additional information and the explanation of any other problems of which the activity unit leader should be aware.