

PERMISSION TO ATTEND SCOUT OUTING / ACTIVITY

TROOP 268, B.S.A.

ST. PATRICK'S PARISH

Troop outing / activity: _____

Troop will depart from: _____ at _____ on ____/____/____

Troop will return to: _____ at _____ on ____/____/____

Uniform for travel: _____ Uniform for outing: _____

The cost for this trip: Food: _____ Activity Fee: _____ Other: _____ Total: _____

Other information: _____

For information on this trip, contact: _____ at (719) _____ - _____

or (719) _____ - _____ or via e-mail at _____

For information in case of home emergency and you need to reach a scout, call: (719) _____ - _____

PLEASE COMPLETE THEN RETURN THE LOWER PORTION AND YOUR PAYMENT TO THE TRIP LEADER

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PERMISSION SLIP FOR OUTING / ACTIVITY

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As his parent / guardian, I give permission for _____ to participate in _____ with Troop 268 on _____. I am familiar with the mode of transportation, the adult leadership accompanying the Troop, and other details concerning this trip. I certify that my son is in good health and he can participate in all normal Troop activities subject to the following restrictions or health considerations _____. I understand that all reasonable measures will be taken to safeguard the health and safety of the scouts and that I will be notified as soon as possible in case of an emergency. I will not hold Troop 268 or any of its adult leaders liable for any accidents that may occur during this outing except for clear acts of non-adherence to BSA policies and guidelines.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of serious sickness, injury or accident, I authorize the use of any medical services deemed necessary at my own expense. 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.

Parent / guardian phone number: _____ Emergency phone number: _____

Please initial to have these fees taken form the scout's troop account: _____

These family members and/or friends will accompany and/or help with the troop on this outing: _____

They will eat these meals with the troop: _____

The scout has secured a ride to the outing with _____. (This eliminates last minute scrambling.)

The following adults can help with the transportation of scouts and / or equipment on this outing: _____

_____ (must be over 21 and have auto liability insurance meeting Colorado limits)

Can drive to the outing: Y / N Can drive back from outing: Y / N Can pull a trailer: Y / N

Type of Vehicle: _____ Number of seat belts: _____

Insurance Coverage: Each Person: \$____,000.00 Each Accident: \$____,000.00 Property Damage: \$____,000.00

Persons named by authorized person to whom camper may be released:

1. _____ 2. _____ 3. _____

Do not release my child to the following people:

1. _____ 2. _____ 3. _____

PARENT or GUARDIAN SIGNATURE

DATE