

Name of Trip: \_\_\_\_\_  
Depart(Location/Time/Date): \_\_\_\_\_  
Return(Location/Time/Date): \_\_\_\_\_



**BOY SCOUTS  
OF AMERICA**

**Trip Cost:\$** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

*Troop will call about 1 hour prior to our return. . You will be alerted by phone when this call is made*

Please detach top portion and retain for your records - Bottom slip must be returned with trip cost prior to departure.

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Permission Slip**

**Trip Name:** \_\_\_\_\_ **Departs:** \_\_\_\_\_  
**and Returns:** \_\_\_\_\_

In consideration of the benefits to be derived and in view of the fact that 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 sons(s)/ward(s) whose name(s) appear above; I agree to his participation in the above named activity and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsor. In the event of an emergency, the Troop leader of the above named activity has 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, and as restricted on the Emergency Data Sheet on file with Troop 432.

- Yes I will attend this activity with my son(s). \_\_\_\_\_ # Adults
- I can provide transportation for # \_\_\_\_\_ (including myself)

\_\_\_\_\_  
Signature of parent or guardian and date

**Emergency Contact:** \_\_\_\_\_

**During the above activity, I can be contacted at:** \_\_\_\_\_

This Scout is highly allergic or sensitive to:

What, if any, medication is this Scout taking?

Why is Scout taking this medication?

Any special instructions for this medication?

Date of Last tetanus shot/booster?

Medical Insurance Provider:

Policy Number:

Parent's SS#

*Please provide additional information if necessary on back*