

# Scout Troop 813

Scout Name: \_\_\_\_\_

## FIELD TRIP PERMISSION AND EMERGENCY TREATMENT APPROVAL

### **General Permission**

I wish to grant permission for my son to attend and participate in Scout sponsored field trips, camp outs and other associated activities during the current school year. I understand that when the troop notifies me of these activities if I do not respond to the contrary, I do grant my permission for my son to participate.

### **Emergency Treatment**

I hereby authorize leaders and committee members or other qualified medical persons to give any emergency treatment and/or first aid treatment that my son may need during any of the Scout approved activities.

My son has the following medical condition: \_\_\_\_\_

I have completed and submitted a medical form (circle one):

YES

NO

### **Transportation Permission**

In order for my son to use the approved sources of group transportation, I agree to the below stated release form:

I hereby agree to hold the Boy Scouts of America, Troop 813 Dubai, UAE, or other approved group transportation, harmless from and against all liability of any kind whatsoever arising out of any claim, demand or causes of action or personal injury to or death of my son resulting from or in any way connected with the use of the afore described transportation.

Parent or Guardian Name (print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_