

Troop 813

Troop 813 will be going on a trip to: _____

We will be leaving _____ at _____ on _____

We will be returning to _____ at _____ on _____

The leader in charge: _____ Mobile: _____

Outdoors Coordinator: _____ Mobile: _____

The cost of the trip will be: _____

Trip Description:

NOTE: Scouts will need to bring:

TROOP 813 - PERMISSION SLIP

I the undersigned, as parent or legal guardian of _____

do hereby consent to release Troop 813 and any and all agents from any injury incurred or liability arising out of or in any manner related to, a trip to: _____ from _____ to _____

My son is in good health and I grant permission for participation in all activities and program elements (circle one) YES - NO.

If NO, List any exceptions: _____

In case of an emergency and if I cannot be contacted, I consent to treatment for my son under the supervision of and as deemed advisable by a licensed physician.

If your son has any allergies (including food allergies) these must be brought to the attention of the leader in charge. Any medicine required, including an EPI pen must be delivered to the leader in charge prior to departure.

If I cannot be reached in the event of an EMERGENCY, the following person is authorized to act on my behalf:

Name: _____ Relation: _____

Signature: _____ Date: _____

(Parent or Legal Guardian)

Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone #: _____

Medications: _____ Insurance: _____

Allergies: _____

Additional remarks or special medical needs: _____