

TROOP 774 PERMISSION SLIP

I hereby grant permission for _____ (print name)
to attend the following activity of Boy Scout Troop 774:

Green Valley backpacking trip April 3-5, 2009

I have received detailed information concerning the activity including required and recommended equipment, clothing, food, etc. and will make certain that this Scout is properly equipped, in good health, and in appropriate physical condition.

The above-named Scout is allergic to the following (foods, medicines, beestings, etc.):

The above-named Scout [is] [is not] (circle one) currently taking medicine on a regular basis. The name and instructions for this medicine, and any other medicine this Scout takes on an as-assigned basis for beestings, asthma, allergies, etc. are written on the reverse side of this form. I will provide an adequate supply of such medicines to the activity leader prior to departure. The above-named Scout has been instructed not to take any medicines (even Tylenol) without the knowledge of the activity leader.

I hereby authorize that emergency medical, dental, X-ray, and/or surgical care may be provided for the above-named Scout while in attendance at Troop 774 activities. Such care to be provided through the facilities of the nearest hospital, physician, or dentist. I agree to pay any medical expenses.

I forever release, acquit, and discharge Troop 774 and its adult leaders from any and all liability. I understand that my child may be sent home at my expense for breaking the rules of this Troop.

Parent's name _____ is willing to drive; insists on driving.

<input type="checkbox"/> Can carry _____ scouts total to the campsite	Driving <input type="checkbox"/> car _____ seatbelts
<input type="checkbox"/> Can carry _____ scouts total from the campsite	Driving <input type="checkbox"/> truck _____ seatbelts
<input type="checkbox"/> Can carry _____ scouts total and will stay with	Driving <input type="checkbox"/> van _____ seatbelts

Additional information _____

PERSONS TO CALL IN EMERGENCY:

1. _____ PHONE (____) _____

2. _____ PHONE (____) _____

Family Physician _____ PHONE (____) _____

Parent's signature _____ PHONE (____) _____

Date: _____

Meet at SDUMC scout shed 5:30 pm April 3.

A completed Permission Slip is due by departure on Friday, Apr. 3rd, 2009.