

PARTICIPATION PERMISSION SLIP

Event Leader: _____ Phone Number: _____

Troop _____ is going on an outing:

Leaving on _____, 19____ and returning _____, 19____

Cost is \$ _____ which covers all expenses, including camp fees and meals.

Permission slip and Fee are due on: _____ 19____

Additional comments:

Waiver of Responsibility: I authorize participation of this scout and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, any sponsor, or members and employees of the sponsor(s). The troop Scoutmaster or Event Leader of the activity has my permission to obtain emergency medical treatment for this Scout should such treatment be deemed by them to be necessary, at my expense, except as noted below.

Scout Name(s) _____

Signed _____ Date: _____

(Parent or legal guardian)

Emergency Phone Numbers:(Home) _____(Work) _____

Special Instructions/medications/needs:

----- tear here -----

***** BOY SCOUT OUTING REMINDER *****

- keep this portion -

_____ will participate in the _____ event.

Departure and return location is _____

The Troop will leave at _____:_____ AM/PM on _____

and return at _____:_____ AM/PM on _____

Permission slip and Fee, \$ _____, are due on or before _____, _____