

BSA TROOP 993 PERMISSION SLIP
PLEASE READ AND COMPLETE THIS FORM CAREFULLY

My son [ward] _____ has my permission to attend _____ at _____ in _____ from _____ to _____

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America or its local councils, districts, troops and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

If my son misbehaves, I understand that the activity leaders may contact me and request that I make arrangements for his immediate return home. I agree to abide by this policy in the event the leaders find it necessary to remove him from the activity. My Scout and I have read the attached list of recommended and required personal gear and have satisfied myself that my Scout has all the required gear and is properly clothed and equipped for this activity.

Parents' Initials: _____ **Scout's Initials:** _____

In the event of illness or injury occurring to my son while involved in this crew trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. Unless I have noted otherwise in sections one through five, **BELOW**, my son does not have any medical history [conditions, diseases, allergic reactions, etc.] about which a physician would need to know.

1.) ACUTE MEDICAL CONDITIONS AND MEDICATIONS:

2.) CHRONIC MEDICAL CONDITIONS AND MEDICATIONS:

3.) ALLERGIES:

4.) DRUG ALLERGIES:

5.) OTHER INSTRUCTIONS / RESTRICTIONS:

EMERGENCY TEL. NO.:

INSURANCE COMPANY:

POLICY NUMBER:

SIGNATURE:

DATE: