

Permission Slip

Date:

Location:

Time/Place of Departure:

Time/Place of Return: Event: Planning session

Required Equipment or Supplies: Pens, pencils, note pads

____ I will not be attending this outing.

____ Parent attending.

(Detach and return)

As the parent or legal guardian of _____, I hereby give my permission for him to participate in an outing with Troop _____.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____ or

_____. If I cannot be reached, please contact

_____ at

_____.

Signed: _____ Date: _____

(Parent or Guardian)

Medications:

Dose

Times per day