

PERMISSION SLIP FOR BSA TROOP 2

As the parent or legal guardian of _____, I hereby give my permission for him to participate in an outing with Troop 2.

LOCATION: _____

I give permission for the leaders of Troop 2 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 Troop 2 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.

I understand that I must provide a phone number to be reached during the time of this outing. In case of emergency, I can be reached by phone at _____ or _____. If I cannot be reached, please contact _____ at _____.

As a scout of Troop 2, _____ is expected to follow the Boy Scout Promise and Laws. (See the Scout Handbook). If your scout becomes injured, sick or has difficulty following Boy Scout Promise and Laws and it should be necessary for him to leave the activity or campout, prompt arrangements need to be made by the parents/emergency point of contact, and will be at the parent's expense.

MEDICAL INFORMATION

ANY ALLERGIES: _____ SYMPTOMS OF

ALLERGY: _____

MEDICATIONS: _____

DOSAGE: _____

DOCTOR'S NAME AND PHONE: _____

PRINTED NAME OF PARENT: _____

PARENT'S SIGNATURE/DATE: _____

FOR PARENTS TO KEEP

DATE: _____

LOCATION: _____

TIME/PLACE OF DEPARTURE: _____

TIME/PLACE OF RETURN: _____
