

## Permission Slip

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 141.

<b>Activity:</b>	Camping	<b>Location</b>	Big Lake - Car Camp/Fish	
<b>Departure Time:</b>	5:00 PM	<b>Date:</b>	08/28/09	TVLC - Big Lake Cutthroat Campground
<b>Return Time:</b>	3:00 PM	<b>Date:</b>	08/30/09	TVLC

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Important Note on Return Times: All times listed as returns are ESTIMATES only. Troop141 makes every effort to be accurate on these times but this has proven impossible on trails that we have not run before or with the varying hiking speeds of our scouts. In some cases, parents have shown up at the troop shed and have had to wait several hours for the troop to return. To prevent this, we will have your scout call you from one of the leader's cell phones approximately 30 minutes prior to our arrival at the troop shed.

PLEASE PUT DOWN A NUMBER THAT YOU CAN BE REACHED AT STARTING AT THE LISTED RETURN TIME

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

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)