

## Troop 801 Permission Slip

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 801.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Activity: \_\_\_\_\_

I GIVE PERMISSION FOR FULL PARTICIPATION IN BSA PROGRAMS, SUBJECT TO THE LIMITATIONS INDICATED HEREIN.

### PHOTOGRAPHY:

Realizing that scouts and parents love to take and share photographs, I give my permission for the use of images, likenesses and photos of my son taken at official Troop 801 events in newsletters, flyers, public relation releases, web pages, and other media created by members of Troop 801.

### MEDICAL:

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby 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 licensed health care practitioner, 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.

Please list any conditions which apply to your scout:

Allergies: \_\_\_ NO \_\_\_ YES, describe

Sensitivity, reaction to medication, drugs: \_\_\_ NO \_\_\_ YES; describe

Please list any medications to be taken on the outing.

These medications are in the possession of:

This outing may include activities for which you wish to exclude your scout. *Please indicate any restrictions or indicate no restrictions:*

( ) I consent to allow full participation in this outing with no restrictions or

( ) My scout may participate with the following restrictions:

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)