



## TROOP 349 Permission Slip

Falls Church, VA

**Event:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**As the parent or legal guardian of:** \_\_\_\_\_

I give my permission for him to participate in this outing with Troop 349.

**I will provide transportation.**       Out       Back       Both Ways  
Including driver, my vehicle holds \_\_\_\_\_ people.

Parent(s) planning to attend: \_\_\_\_\_

Funds attached: \$\_\_\_\_\_ (\$\_\_\_\_.00 per scout / adult)

I give permission to the leaders of Troop 349 to render first aid. In the event of emergency, I give permission to the physician selected by the adult leader-in-charge, to hospitalize, order anesthesia, order injection, or secure other medical treatment, as s/he determines to be appropriate. I further agree to hold Troop 349 and its leaders blameless for any mishaps that may 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: \_\_\_\_\_.

**Medical Insurance company:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

If I cannot be reached, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

My son:       Has the following **medical condition(s)** that adult leaders must be aware:  
\_\_\_\_\_.

Has no medical condition.

Requires the following **medication(s)** that adult leaders must supervise and assist in administering: \_\_\_\_\_.

Takes no medication

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)