



**TROOP 349 Permission Slip**  
Falls Church, VA

**Event:** Ski Trip to Timberline  
**Location:** Timberline Ski Resort, Davis, West Virginia  
**Date:** February 17-20, 2012

**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.
- Name(s) of Parent(s) planning to attend: \_\_\_\_\_ Parent cell #: \_\_\_\_\_
- My Scout understands:** All travel is in Class A uniform  
No electronics permitted (iPod, MP3, etc..)
- Funds attached:** \$\_\_\_\_\_ (\$80.00/person covers food, mileage, lodging; for lift tickets, rentals and lessons (as appropriate) see attached chart and individual rates)

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: \_\_\_\_\_

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

Medical Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

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 (also provide time & quantity):  
\_\_\_\_\_.

Takes no medication

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent or Guardian)