

TROOP 85 PERMISSION SLIP

DESTINATION: _____

DEPARTURE DATE: _____

DEPARTURE TIME: _____

DEPARTURE PLACE: _____

RETURN DATE: _____

ESTIMATED RETURN TIME: _____

TOUR LEADER(S): _____

PHONE NUMBER: _____

In order for your son to participate in this activity, you must complete and sign the following permission statement. Please keep one copy for your records.

I, _____, parent/legal guardian of Boy Scout _____, give my permission for my named son to participate in the activity described above. I understand that the Boy Scout Troop 85 has not obtained supplemental sickness/accident insurance that will be active during this activity. I have listed on the reverse side of this sheet any specific health care instructions including medicines being taken and allergies to be considered in the event medical care is required for my child during the period described above. Within those limitations, if any, I grant permission to the above-named leader(s) to authorize emergency medical care and treatment for my child and agree to be financially responsible for any charges and costs incurred as a result thereof. I have provided an up-to-date health information form including current health insurance information to this leader which may be released to health care provider(s) for these purposes. During the period described, I can be reached at one of the following telephone numbers:

Home: _____ **Work:** _____

Cell: _____ **Other:** _____

Parent/Guardian's Name: _____

Signed, Dated: _____