

# BSA Troop 96

Seagoville, Texas

## Scouting Event Permission Slip

Troop 96 is participating in the following Scouting event. This slip provides you with important information about the function, your opportunity to give your permission for your sons participation and provides the Tour Leader with the necessary documentation to request emergency medical assistance if needed. **Please retain the top third of the form and return the remainder to the Troop.**

**COST: \$ 20.00 ( Food and Gas ) or**  
**( \$ 7.00 Food only - if camping at Baker Farm )**

### Trip Information

What:

Where:

When: **(Scouts must be at the church by 5:00 pm , Friday)**

Departure Date:

***This is an TWO night campout***

Return Date:

Time:

### Additional Equipment required:

**Rain gear (top & bottom) - no ponchos**

Travel Uniform - Class A

In camp Uniform - Class B (2 Troop T shirts or BSA T shirts)

2 one quart FILLED water bottles

Personal first aid kit

**See your BSA Handbook for the complete check list**

### In Case of Emergency (The following are points of contact between the Troop and all others during the event)

Primary Contact:  Home:                      Work:                      Cell:

Secondary Contact:     Phone:

PARENT'S COPY (Tear along dotted line and retain this portion for your records)

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Please Print

Scout's Name: \_\_\_\_\_

has my permission to participate in the following event with BSA Troop 96.

Event Name:                                      Departure:                                      Return:

Parent's phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Additional Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TROOP CONTACT'S COPY (To be detached by TROOP SCRIBE)

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Scout's Name: \_\_\_\_\_

has my permission to participate in the following BSA Troop 96 event.

Event Name:                                      Departure:                                      Return:

I (the legal parent or guardian of the scout indicated above) hereby authorize Don Godfrey or any other legally registered adult leader of Troop 96 to consent to medical treatment for my child in case of accident or illness when I cannot be reached. I understand that every effort will be made to contact me before such action is taken. I will assume financial responsibility for emergency care if such is not fully covered by Boy Scouts of America Accident Insurance.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCOUTMASTER'S COPY (To be detached by the TROOP SCRIBE)

Troop Permission Slip.wpd