

Permission Slip and Liability Waiver Form - Boy Scout Troop 41, Marlboro, MA

Name of Scout(s): _____

Destination: _____

Dates: _____

Activities: _____

Emergency Contact information (names and phone number):

Please provide at least one parent cell # if available

Has any medical or Insurance Information changed since Scout Medical Record was completed?

No _____ **Yes** _____ **If Yes, please update as required below** (Medical information, Insurance Coverage/ Policy no, Primary Care Physician Name and Phone)

Known Allergies:

NOTE: It is the troop policy not to dispense medication to anyone. All medication must be self-administered and personally controlled.

Adult Waiver/Approval:

I acknowledge that every precaution will be taken by the adult leaders of Troop 41 to ensure the safety and well being of my Scout son, _____ at the activity listed above and agree to his participation in all with the exception of _____.

In the event of an accident, I waive all claims against the leaders of this trip, vehicle drivers, the sponsor of the trip and any representatives of the Boy Scouts of America.

In the event of an emergency, I authorize the adults in charge of Boy Scout Troop 41 to arrange for and grant authorization to appropriate medical authorities for health care as he/she deems necessary for the well-being of my son.

Parent/Guardian Signature _____ **Dated** _____

As a Boy Scout of Troop 41 I agree to live by and follow the Scout Oath, the Scout Law, and the Troop 41 guidelines on this Scout outing. Should I break these guidelines I agree to accept the consequences decided upon by my Scout leaders.

- I will respect the property and rights of others. I will not verbally or physically hurt another person.
- I will acknowledge my youth and adult advisors and follow their directions and participate in the trip activities.

1st Scout Signature _____ **Dated** _____

2nd Scout Signature _____ **Dated** _____

EACH SCOUT ONLY NEEDS TO SIGN ONCE, second line if for use if 2 scouts are from same family!