



Troop 486 Outing Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with BSA Troop 486.

Location _____

Activity: _____

Departure Time: _____

Date: _____

Return Time: _____

Date: _____

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I have reviewed the requirements for this outing, and my son is prepared with the requisite gear and money. I affirm that the annual health and medical record form which the troop has on file for my son remains current. I will not bring my son on the day of the outing if he is not feeling well.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

In case of emergency, I can be reached by phone at (_____) _____ or (_____) _____.

If I cannot be reached, please contact _____ at (_____) _____ This person has my permission to act in my stead and is authorized to pick up or receive my son.

Signed: _____ Date: _____

(Parent or Guardian)

Outing Policies

All scouts must personally be checked in with the outing leader by a responsible adult on the day of the outing. If you leave without checking in, the adult leader may be unable to provide to you or obtain from you updated information.

Any medications required during this outing must be placed in a ziplock bag along with the scout's name, a written statement of the condition being treated with dosage, time, and frequency of administration, and given to an adult leader at check in.