

TROOP 335 PERMISSION SLIP

Due by: _____ Coordinator: _____ Phone: _____

PARENTS PLEASE NOTE: SCOUTS MUST HAVE A SIGNED PERMISSION SLIP FOR ALL OUTINGS, WHETHER ACCOMPANIED BY A PARENT OR NOT. ALL INFORMATION MUST BE PROVIDED BEFORE YOUR CHILD WILL BE PERMITTED TO PARTICIPATE.

OUTING: _____ DATE: _____ START TIME: _____ COST: _____

LEAVE FROM: _____ RETURNING: _____ OTHER INFO. _____

Additional Comments:_____

(KEEP THIS TOP PORTION)

(RETURN THIS BOTTOM PORTION)

I/WE GIVE PERMISSION FOR: _____ TO ATTEND: _____

ON: _____, TO BE HELD AT: _____ FURTHER, WE AUTHORIZE A DOCTOR AND/OR MEDICAL INSTITUTION OR TROOP LEADERS, IF NECESSARY, TO RENDER TREATMENT OF INJURIES OR ILLNESS SUSTAINED BY OUR CHILD DURING THIS OUTING. WE AGREE TO PAY ALL EXPENSES FOR SAID TREATMENT OR ARRANGE FOR COVERAGE BY INSURANCE, AND HOLD HARMLESS THE TROOP LEADERS AND SIGNAL HILL DISTRICT FROM ANY LIABILITY.

SIGNATURE OF PARENT/GUARDIAN: _____

PAID: CASH \$: _____ CHECK #: _____ or DEDUCT \$: _____ From my account for this outing.

SIGNATURE OF SCOUT: _____

The following information MUST BE PROVIDED for each outing before your son will be permitted to participate!

PLEASE PROVIDE TWO EMERGENCY CONTACT NUMBERS:

NAME**PHONE****RELATIONSHIP**_____

INSURANCE CO: _____ POLICY #'s _____ / _____

INSURED'S NAME _____ EMPLOYER _____

MEDICAL CONDITIONS OR ALLERGIES: Leaders / Medical Personnel should be aware of:_____
_____**MEDICATIONS:** Youth will be taking while on outing: _____

IF PARENT WILL BE DRIVING, OR VISITING OUR CAMPOUT, WE MUST HAVE THE FOLLOWING INFORMATION:

I will arrive: (Fri._____) (Sat._____) (Sun._____) _____

Arrival time: (am_____) (noon_____) (afternoon_____) (evening_____) _____

I will be camping overnight on: (not camping_____) (Fri._____) (Sat._____) _____

NAME: _____ DL# & /STATE: _____

Year and make of vehicle: _____ CAPACITY (SEATS W/SEAT BELTS) _____

INSURED AMOUNTS: (Public Liability) per person \$ _____ Per Accident \$ _____ Prop. Damage \$ _____