**PERMISSION SLIP**

Trip Leaders: Names and phone numbers of leaders

**Activity:** Event Name

**Dates:** Event Date

**Times:** Important times – e.g.,

* Meet 11:00 AM, 7-Jan-12 at Abbott school.
* Return 12:00 noon-is, 8-Jan-12.

**Cost:** This should be the amount scouts should make checks out for. E.g., $25 per person for the cabin and troop food. Please don’t forget to pitch in to your driver to help with gas expenses.

Please detach on dotted line and retain this section.

Return the rest of this form to the scoutmaster.

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**WAIVER OF RESPONSIBILITY**

(Trip leader carries this part, one for each Scout)

In consideration of the benefits to be derived, and in view of the fact that the \_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and wellbeing of my Scout son/ward, namely:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent of guardian Date**

**ACTIVITY:** Event name, e.g., Wah-Tut-Ca Winter Weekend January 7-8, 2012

**EMERGENCY INFORMATION** (In addition to Personal Health and Medical Record):

During the activity listed above, I can be contacted at the following phone numbers

\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_