

# PERMISSION SLIP

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him to participate in an outing with Troop 16.

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**COST:** \_\_\_\_\_

**TIME / PLACE OF DEPARTURE:** \_\_\_\_\_

**TIME / PLACE OF RETURN:** \_\_\_\_\_

I give permission to the leaders of the above unit to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

List any allergies or medications being taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent or Guardian)

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## PARENT INFORMATION

Location: \_\_\_\_\_

Emergency phone number: Bob Brindlinger 330-280-3807 Cell

Time / place of return: \_\_\_\_\_

Cost: \_\_\_\_\_