

**Troop 43 Parent / Guardian Permission Slip**

**EVENT:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**This form is due no later than** \_\_\_\_\_

- In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having confidence that every precaution will be taken to assure the safety and well being of my son(s) \_\_\_\_\_ on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the Troop sponsor.
- All Scouts are strongly encouraged and expected to stay and participate in the entire activity. Exceptions to this must be approved either by the Scoutmaster, or Unit Leader of the activity, prior to the due date of this permission slip.
- **This permission slip is due at the start of the troop meeting on the date shown above.**
- I understand that if my son is unable to conduct himself in accordance with the Scout Oath and Law as determined by the Unit Leader of the activity, if contacted I will be expected to immediately come to the event, regardless of its location or time, to pick up my son and bring him home.
- In the event of an emergency, the Unit Leader of the activity 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 as stated below.
- Troop equipment not turned in clean and in a timely manner will be subject to disciplinary actions by PLC or by the Scoutmaster
- Special Instructions! Medications / Restrictions concerning my son(s):

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

During the activity I can be reached at: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_; (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**These are emergency phone numbers that will be used to contact the parents or legal guardian of the participant.**

Please circle appropriate responses

I plan to attend this activity:      Yes      No      Adult's Name: \_\_\_\_\_

I can drive for this activity:      Yes      No      Cell Phone #: \_\_\_\_\_

**Drivers Only**

I do currently possess a valid driver's License and carry proper car insurance. I am able to maintain physical control of my vehicle at all times, and that it is in safe operating condition. I will not be under the influence of drugs or alcohol that might jeopardize my ability to operate this vehicle in a safe manner. I understand that Troop 43 is committed to compliance with all applicable BSA policies, Federal and Local laws. In addition, the safety and well being of my passengers must maintain a priority at all times. I will enforce the BSA policy stating that all occupants of my vehicle will wear a seat belt.

By signing below I am acknowledging that I have complete understanding of the above agreement and am able to meet all of its criteria contained within.

\_\_\_\_\_ Print name of driver

If you are driving we need the following information:

Drivers License #: \_\_\_\_\_

I have a trailer hitch:      Yes      No

Vehicle Make/Model/Year: \_\_\_\_\_

# of Passenger Seat belts: \_\_\_\_\_

Auto Insurer: \_\_\_\_\_

Current insurance:      Yes      No

\_\_\_\_\_ Signature

\_\_\_\_\_ date

\$\_\_\_/ Scout & \$\_\_\_/ Adult - Fees are due \_\_\_\_\_ Troop Meeting.

**TOTAL COST \$** \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Scout Account