

I. Permission Slip

BOY SCOUT TROOP 777 PERMISSION SLIP AND WAIVER OF RESPONSIBILITY

PERMISSION SLIPS DUE BACK BY: _____
2 weeks prior to the start of the activity

NAME: _____

ACTIVITY: _____

DATE: _____

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 full confidence that every precaution will be taken to ensure the safety and well being of my son(s), I agree to his (their) participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and Boy Scouts Troop 777, and the troop Chartered Organization (sponsor), City Bible Church. In the event of an emergency, the troop unit leader of the activity has my permission to obtain medical treatment for my son(s) at the nearest hospital or doctor at my expense, if our own doctor is not readily available. During the activity described above, I can be contacted at the phone listed below.

Signature of Parent or Guardian

Date

Phone Number

Allergies and Medications

Primary Care Physician

Phone Number

Insurance Company/Provider Name / Policy Number