

Troop 319 Trip Permission Slip

for all trips during the 2010/2011 calendar years

A signed permission slip must be on file, dues must be up to date, and the scout must have an E-10 to participate in any event. This form indicates the we (I) the parent(s) of Scout _____ of Troop 319 give permission for him to participate in all troop events for the 2010/2011 calendar years. **We understand that a scout may not participate in the event if he does not bring his Essential 10 emergency equipment, lunch/snack, water, and appropriate camping equipment. If the necessary equipment is not carried, the scout will not be allowed to leave the church parking lot. We will not leave our son without checking that he carries the appropriate equipment. All scouts will adhere to the trip guidelines as outlined by Senior Patrol Leader and Trip Leader. All Scouts and Adult Leaders will wear a Field Uniform to and from the trip location/camp. Troop 319 maintains a no soda and no electronics (e.g., video games and iPods) policy on campouts. Powdered drinks are acceptable.** The Code of Conduct will be enforced. We realize that any behavior problems may require that the parent come and pick up the scout. All possible attempts to avoid this situation will be made prior to the trip, but the ultimate decision lies with the troop leadership present and in charge. I understand BSA Natl. Policy prohibits any adult use of alcohol or smoking in the presence of boys during the event. The signature on this slip gives permission for any emergency medical treatment that may be necessary. We understand that in the event of an emergency, parents will be contacted as soon as possible. However, in the event that I, the parent, cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure anesthesia, or to order injection, surgery, or any other required treatment for my son. I also give permission for my son to travel in a vehicle (equipped with the proper safety equipment) to and from the event. I will not hold Troop 319, its leadership, or the driver responsible for any injuries that may occur.

Emergency Contact Phone _____

Emergency Contact (Alternate) Phone _____

Family Health Insurance Carrier Policy # _____

Physician Phone _____

If any information on this form changes, please submit an updated permission slip to troop leadership before the next trip.

Please list all medications with written directions, known allergies, or pre-existing medical conditions below:

Medication: _____ Dosage information: _____

Medication: _____ Dosage information: _____

(List additional medications on back)

We give permission for BSA Leadership to administer the medications listed above to our scout as well as all over the counter remedies as needed with the following exceptions: _____

Our son has the following allergies or pre-existing conditions that Troop 319 leadership needs to be aware of: _____

Signature of parent/guardian Date _____