

BOY SCOUT TROOP 152

www.troop152dixon.com

PARENT PERMISSION SLIP FOR TROOP OUTING

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of my son/ward during this activity or trip, I do hereby submit that his health condition will permit participation in this activity, and agree to his participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the Boy Scouts of America, and in case of an accident or illness and medical attention is required for our son/ward, it should be obtained and we accept, full responsibility for all expenses incurred. (Scout Insurance should cover most expenses) (Note special health conditions on reverse side).

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SON / WARD

ADDRESS \_\_\_\_\_

STREET

STATE

ZIP COOE

SIGNED \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARENT / GUARDIAN

INCLUDE AREA CODE

IN CASE OF EMERGENCY AND I CANNOT BE CONTACTED PLEASE NOTIFY:

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

INCLUDE AREA CODE