

Troop 301

St James, NY

Event Permission Slip

Event Information

My son _____ has my permission to attend
(Last Name) (First Name) (Rank)

_____ on _____ Event Fee \$ _____ Note: Fee is non-refundable
(Event) (Date(s)) (food costs to patrol may be additional)

My son will be riding to this event with _____

I will drive to this event. Driver's License Number: _____ Vehicle year: _____

Make / Model _____ Number of seat belts: _____ Will all passengers wear seat belts? _____

Insurance coverage: _____ (NYS Minimum is 25/50/10)
(Liability each person) (Each accident) (Property Damage)

I am available to chaperone this event Adult Event Fee \$ _____ Note: Fee is non-refundable

While my son is at this event: I can be reached at: Home: _____ Cell: _____ Work: _____

Alternate contact person: Name: _____ Phone: _____

Most Troop 301 events return to the St. James Lutheran Church. Your son is expected to help unload and store equipment and bring home his share of equipment to clean. Any scout unable to participate in these activities at the end of the event must notify their patrol leader and scoutmasters in addition to providing the information below.

My son must leave this event early on _____ at _____ due to _____

Personal Information

My son has the following allergies: _____

My son has the following medical condition: _____

If either of the two boxes above has been checked, please provide information regarding treatment of these allergies or medical conditions while attending this event:

My son is required to take the following medication while attending this event:

Drug name: _____ Dosage: _____ Frequency: _____

Parents are responsible for providing all medications in clearly marked containers, listing the contents, dosage and frequency.

Permission

By signing below, I give permission for my son to attend this event. I authorize the leaders of Troop 301 to act as guardians in case of emergency and to supervise my son while taking the medications listed on this form for the duration of this event.

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the Troop 301 Committee Members, the Troop 301 Scoutmaster, the Troop 301 Assistant Scoutmasters, the Troop 301 Chartering Organization, the Troop 301 Chartering Organization Representative, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(Parent or Guardian Signature)

(Relation to Scout)

(Date)