

TROOP 1519 OUTING PERMISSION SLIP

As the parent or legal guardian of _____, I hereby give my permission for him to participate in an outing with Troop 1519.

Dates: _____

Location: _____

Time/Place of Departure: _____

Time/Place of Return: _____

I give permission to the leaders of Troop 1519 to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment as needed. I further agree to hold Troop 1519 and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____

or _____. If I cannot be reached, please contact

_____ at _____.

During this outing, adult leaders may give my child over the counter medications as needed. Write yes or no for each.

Acetaminophen _____ Ibuprofen _____ Aleve _____

Pepto Bismol _____ Tums _____ Imodium AD _____

Other (specify) _____

Signed: _____ Date: _____

Name (printed): _____