

# Troop 67 Permission Slip

**Activity:**

**Scout's Name:**

I hereby give my son permission to participate in the above named activity.

**I UNDERSTAND THAT IN THE EVENT OF BEHAVIORAL PROBLEMS, I WILL BE CONTACTED AND EXPECTED TO PICK MY SON UP AT THE DESIGNATED ACTIVITY.**

In case of emergency I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son. While engaging in this activity, Scout Leaders will do their best to insure proper safety and Youth Protection. I agree to hold harmless the Troop leader and associates, the Troop's sponsoring organization, and the Boy Scouts of America, of any claim arising in behalf of my son from a possible injury or illness while engaging in this activity. I understand swimming and other water activities may be included.

In case of emergency I can be reached at:

If I cannot be reached, you may contact:

We are paying camping fees only (not food) by:  check (# )  cash  Scout account

I AM Available to DRIVE:	YES	NO	Have you driven yet?	YES	NO	Parent attending?	YES	NO
--------------------------	-----	----	----------------------	-----	----	-------------------	-----	----

Signature of Parent/Guardian

Date

**Note: Trips will be canceled for lack of transportation or participation from each Patrol.**