

Permission Slip  
Boys Scouts of America  
Troop 54, Bethel, CT 06801

TRIP/CAMPGROUND: \_\_\_\_\_

DATE(S): \_\_\_\_\_ to \_\_\_\_\_ LOCATION: \_\_\_\_\_

TYPE OF CAMPING: \_\_\_\_\_ INSPECTION: \_\_\_\_\_

THEME: \_\_\_\_\_ COST: \_\_\_\_\_

MEALS: \_\_\_\_\_

DEPARTURE TIME/LOCATION: \_\_\_\_\_

PICKUP TIME/LOCATION: \_\_\_\_\_

Note: Parents and Scouts are not permitted to leave the campsite or pickup point without the Scoutmaster's permission.

CUT -----  
DETACH

In consideration of the benefits to be derived, and in view of the fact that the Boys Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety of my son(s) on this activity, I hereby agree to his participation and waiver all claims against the leaders of this trip and the offer, agents, and representatives of the Boys Scouts of America. The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates. During the activity, I may be reached at the address and phone noted below. If I cannot be reached in an emergency, I authorize the person named below to act in my behalf.

SCOUTS NAME: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

PARENT'S ADDRESS DURING THE TRIP: \_\_\_\_\_

HOME#: \_\_\_\_\_ EMERGENCY: \_\_\_\_\_

INSURANCE COMPANY AND POLICY NUMBER: \_\_\_\_\_

PHYSICIAN'S NAME AND PHONE: \_\_\_\_\_

SCOUT ARRIVING WITH: \_\_\_\_\_ SCOUT LEAVING WITH: \_\_\_\_\_

Authorized to act in my behalf in any emergency:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE  
OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

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