

OUTING PERMISSION FORM

RETURN BY _____
Date

My son, _____, has my permission to participate in
the _____ from
_____ to _____
Activity Date Date

Offered through BSA Troop 843 of the Bay-Lakes Council.

- I will be joining my son on the outing.
 I cannot participate.
 I can transport people, by driving to and / or driving from
 I can transport the Scout trailer, by driving to and / or driving from

My vehicle is a _____ (year model). It carries _____ people with seat
belts. Drivers License #: _____. Insurance coverage
_____/_____/_____

(Liability person /liability accident /property)

The cost for this outing will be \$_____ per scout, and \$_____ per adult, which is not
refundable.

I have enclosed \$_____ **Cash** and / or a **Check** for \$_____.

(Or) Take \$_____ from _____'s account. Parent's Initial _____

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 activity coordinators, and all employees, volunteers, drivers, 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.

Health Plan _____ Plan Number _____

Family Physician _____

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Phone- Home (920) _____ Cell _____

Adult tour leader _____ Phone _____

** LIST IMPORTANT MEDICATION INFORMATION ON BACK OF FORM **