

# Permission Slip and Waiver of Responsibility

## Troop 787 Boy Scouts of America

### Sponsor: San Luis Rey Valley United Methodist Church

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ward(s), namely

\_\_\_\_\_ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America and the sponsors.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the emergency data sheet on file with Troop 787

\_\_\_\_\_  
(Signature of parent or guardian and date)

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**Activity/Date:** \_\_\_\_\_

Emergency Information (in addition to Personal Health and Medical Record)

During the activity listed above, I can be contacted at the following phones and will accept long distance calls.

(\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

This Scout is highly allergic or sensitive to \_\_\_\_\_

What, if any, medication is this Scout taking? \_\_\_\_\_

Any special instructions for this medication? \_\_\_\_\_

Do you want the Unit Leader to carry this medication? \_\_\_\_\_

Use the back of this form for additional information and for explanation of any other problems the activity Unit Leader should be aware of.

Date of last tetanus shot or booster \_\_\_\_\_

(Must be within 5 years)

**Medical Insurance Information:** Company \_\_\_\_\_

Policy No. \_\_\_\_\_ (control No. if group policy)

\_\_\_\_\_ Other

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