

Outing

Description

Depart:		Departing from:	Cost:
Return:			

Parent's Permission to Attend / Waiver of Responsibility / Permission for Emergency Medical Care!

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 / ward, on the activity named above, I agree to his participation and waive all claims against the leaders of the trip, officers, agents and representatives of the Boy Scouts of America, and the sponsor, PENASCOUING. I will see that he is properly equipped for this event.

In the event of an emergency, the Troop or Event Leader of the activity or such substitutes as he may designate as agent for the undersigned has my permission to obtain any medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered by a licensed physician or surgeon, at my expense. This authorization will remain in effect for the duration of the event, en route to and from any Boy Scout program or activity of Troop 622, Boy Scouts of America.

Signature of Parent or Guardian _____ Date _____

Medical Insurance & History (Write additional information on back of form)

Medication currently taking:		Medication carried by:	
Date of Last Tetanus:		Highly Allergic / Sensitive to:	
Health Plan:	Policy #:	Group #:	

Vehicle Insurance

Select One	Year	Make	Model	Scout Seats	\$ Person	\$ Accident	\$ Property

Driver Information

Driving To	Driving From	Name	Driver's License Number	State	Emergency Phone Numbers	
					Phone 1	
					Phone 2	
					Phone 3	
					Cell	

Driving Status and Credits

Status:		One Way Credit:		Credit Balance:	
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BLUE- No credit Given RED-Mandatory YELLOW-Low GREEN-Okay

The Troop assembles and returns to the Black Mountain Middle School parking lot.
Scout must have his SCOUT HANDBOOK, and wear SCOUT SHIRT, HAT, and BELT to attend.

Paid (Y/N)	Check #/WS	Amount	Memo	Slip Changes (Y/N)

DUE: