

Troop/Crew 56 Permission Slip

(Scout or Venturer name) _____ has my permission to participate in _____ (activity) on _____ (dates) without restrictions except as specifically set forth below:

1. I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to X-ray examination, anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital, clinic or practice furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made. 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.

2. I give permission for the adult volunteers of the above trip to administer the following over-the-counter medications to the above scout or venturer for routine illnesses and injuries including but not limited to headache, colds, upset stomach, muscle strains, and rashes:

Medications	(please circle)	
Acetaminophen (e.g. “Tylenol”)	Yes	No
Ibuprofen (e.g. “Advil”)	Yes	No
Diphenhydramine (e.g. “Benadryl”)	Yes	No
0.5% hydrocortisone cream	Yes	No
antibiotic cream (e.g. “Mycitracin”)	Yes	No
Antacid tablets (e.g. “Rolaids”)	Yes	No
Antifungal cream (e.g. “Mycelex”)	Yes	No
Anti-diarrhea tablets (e.g. Immodium AD)	Yes	No

3. I understand that items listed as “required” on the packing list for this trip are necessary for the safety not only of the above scout or venturer, but for the entire group. I have reviewed the list with him or her, and can assure the trip adult trip leaders that the required items are in his or her pack, without substitution, and the packing list is attached to this permission slip. I understand that a mandatory pack check may occur immediately prior to departing for the trip, and if he or she does not have the required items and cannot retrieve them in a timely fashion, then he or she will not be allowed to attend the trip.

4. 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 the above scout or venturer 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 troop and crew, the activity leaders, the other adult participants and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

5. All participants are required to comply with the code of conduct of the troop and crew, the Boy Scout Law and the directions of the adult members of the troop and crew participating in the activity. If any scout or venturer fails to so comply after being warned by one of the adult members of the troop or crew, he or she may be required by the activity's adult leader or assistant leader to end his or her participation in the activity. In this event, the undersigned parent or guardian will be required to immediately pick up the scout or venturer and to return him home. **The undersigned parent or guardian agrees to be available at one of the telephone numbers listed below at all times during the course of the activity.**

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date: _____

Phone numbers where I can be reached during the time of this activity:

Home: _____ Work: _____ Cell: _____