

**Troop 209 Permission Slip**  
(Activity leader to collect from each Scout)

Troop Activity: \_\_\_\_\_ Scouts Name: \_\_\_\_\_

**Waiver of responsibility**

Boy Scouts of America Troop 209, sponsored by the Knights of Columbus #8077.

In consideration of the benefits derived, and in the view of the fact that the BSA is an educational institution, membership in which is voluntary, and having full confidence that precautions will be taken to ensure the safety and wellbeing of my Scout (listed at top of this form), I agree to his participation on the activity named above, and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the Sponsoring Organization.

In the event of an emergency, the Troop unit leaders of the activity listed has my permission to obtain medical treatment at the nearest medical facility, at my expense.

Parent / guardian name (printed) \_\_\_\_\_

Signature of parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

During the activity listed I will be available at the following numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Scout information:**

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

Medications and directions (quantity, when, how often) the Scout taking: \_\_\_\_\_

Will the unit leader carry the medication?  Yes  No

Date of last tetanus shot / booster: \_\_\_\_\_

**Emergency Information**

Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Info: Company: \_\_\_\_\_ HMO/PPO \_\_\_\_\_

Policy numbers: \_\_\_\_\_

(Group ID, Member ID, Payer ID, etc)