



BOY SCOUTS OF AMERICA

BOY SCOUTS OF AMERICA TROOP 259
CAPITAL AREA COUNCIL

PARENT OR GUARDIAN PERMISSION FORM

Our Troop is planning an outing to: _____

Departure will be on: _____ From: _____

Expected return is: _____ To: _____

Transportation: Please note any arrival or departure time other than the above on the reverse side of this form (transportation will be your responsibility). Any licensed driver may drive him or herself to from camp, however once at camp the use of vehicle by a Scout must be approved by the leader in charge for any circumstances.

Leaders in Charge: _____

Total cost for trip will be: _____

Signed Permission Form and Payment due to your Leader by: _____

KEEP THIS HALF
RETURN THIS HALF

KEEP THIS HALF
RETURN THIS HALF

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Activity: _____

Dates: _____

In consideration of the benefits to be derived and having full confidence that every precaution will be taken to ensure the safety of all participants on the activity named above, I agree to _____ 's participation and waive all claims against the Troop, Local and National Councils, or their representatives in case of any accident, injury, illness, or other damage that may occur in connection with, or incident to, this trip not covered by Scout insurance. In the event of an emergency, the Troop leaders have my permission to obtain medical treatment at the nearest hospital or doctor, at my expense, if the Scout's doctor is not readily available. A current copy of the Class 1 and 2 Medical Form is on file with the Troop.

Date: _____ Parent or Guardian: _____

Signature: _____

Scout's Name: _____ Scout's Date of Birth: _____

Home Address: _____

Home Phone: _____ Alt./Cell Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Insurance Carrier: _____ Policy #: _____

Important Medical Information (Allergies, Medication, Etc.): _____
