

Medical Release Form and Permission Slip Boy Scouts of America – Troop 413

As the parent or legal guardian of I, hereby,
give my permission for him to participate in an outing with Troop 413.

Dates of Outing: **February 12-14, 2010**

Location: **Camp Grimes**

Time/Place of Departure: **Friday, 2/12/10, 4:00 from Christ Covenant Church**

Time/Place of Return: **Sunday, 2/14/10 ≈ 12:00 to Christ Covenant Church**

Cost of the Trip: **\$35.00**

Please List Any Medications to Be Taken on this
trip:

Pertinent medical Information (allergies, limitations, etc.):

Further, I give permission to the leaders of Troop 413 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at or .

If I cannot be reached, please contact at .

Signed: _____ **Date:** ___/___/___
(Parent or Guardian)

Please print name(s) of parent or guardian to be contacted:
