

PERMISSION SLIP

As the parent or legal guardian for

I give my permission for him to attend the following outing with Boy Scout Troop 184

Dates:

Time of Departure:

Destination:

Approx. time of Return:

I give permission to the leaders of the Troop 184 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 Troop 184 and it's leaders blameless for any accidents that might occur during this outing except for clear acts negligence or non-adherence to Boy Scouts of America policies and guidelines.

Primary Emergency Contact

Name:

Tel:

Cell:

Alternate Contact

Name:

Tel:

Cell:

Parent / Guardian Signature and Date:

Trip Cost:

Cash, credit or check:

I can drive to & from camp?

Mileage to camp one way

Is your vehicle insured?

How many seats do you have with seat belts

Vehicle

DL #

(Vehicle and license information is needed for insurance purposes only)

Scouts, return this half of the Permission Slip to the Scribe with payment

Scouts, Keep this half for your camping record

If emergency contact is needed with the Troop during the outing please contact:

Rachel Maygers Cell: 215-868-9431