

Form & \$ due by \_\_\_\_\_

PARENT PERMISSION SLIP FOR TROOP 333 OUTING

SECTION I: Troop Cone Camping (Parents retain this section)

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him to participate in an outing with Troop 333.

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Time/Place of Departure: \_\_\_\_\_

Time/Place of Return: \_\_\_\_\_

The Adult leader(s) in charge of this activity will be:

<i>Name</i>	<i>Position</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____

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SECTION II: PARENTAL INFORMED CONSENT AND HOLD-HARMLESS RELEASE AGREEMENT (Return this section to Adult Leader – Troop 333)

Activity: \_\_\_\_\_

I understand that participation in the above activity offered through the Golden Empire Council, BSA, on \_\_\_\_\_ involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, and after carefully considering the risks involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I have given \_\_\_\_\_ my consent to participate in the above activity, and waive all claims I may have against the Boy Scouts of America, Golden Empire Council, Troop 333 Adult Leaders, activity coordinator(s), all employees, volunteers, or sponsors associated with the above activity.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader(s) in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. (Please note special health conditions on reverse side of SECTION II).

Medical Insurance Co. \_\_\_\_\_, Medical #. \_\_\_\_\_

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)