

## Outing Permission Slip

To the Scoutmaster and outing leaders,

Boy Scout \_\_\_\_\_ has my permission to attend the outing to:

\_\_\_\_\_ On \_\_\_\_\_.

For Adults: I will be driving and can carry \_\_\_\_ Scouts [ ] yes [ ] no

I plan on participating with the Troop [ ] yes [ ] no

**AUTHORIZATION FOR MEDICAL TREATMENT:** The undersigned do hereby authorize the adult leaders of the above described outing, the drivers of any vehicle accompanying this outing, or such persons as may be designated as agent for such leaders or drivers to authorize consent for X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of a physician, surgeon, or dentist, whether such examination, anesthetic, diagnosis, treatment, or care is rendered at the office, the hospital, scout camp or elsewhere. This authorization will remain in effect for the above described outing only and includes travel to and from the event. The undersigned do hereby release and discharge the aforesaid individuals from all damages, liability, or cause of action that arise from the exercise of authority hereby granted to said leaders, drivers, or other persons.

**\*\*\*PLEASE NOTE ALLERGIES AND HIS MEDICATIONS INCLUDING DOSE AND FREQUENCY ON THE BACK OF THIS FORM\*\*\***

The Scout needs assistance with his medications. [ ] Yes [ ] No

Father or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cellular # \_\_\_\_\_