

Troop 410 Outing Permission Slip

RockPort

Departing May 18th 3:00PM Returning May 20th at ~3:00 PM

To the Scoutmaster of Troop 410 and outing leaders,

has my permission to attend this scout outing.

Consent for use of likeness: I hereby give consent for photographs taken during this outing, of myself and/or my child, to be used by the crew and troop for their promotion.

The Scout needs assistance with his medications:

****PLEASE NOTE ALLERGIES AND MEDICATIONS, INCLUDING DOSE ON REVERSE SIDE****

For Adults:

I plan on attending and participating with the Troop:

I will be driving

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.

Parent or Guardian: Signature _____ **Date:** _____

Phone Number

Phone Number