

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 13.

Activity:	Outing	Location	Xavier High School, Middletown, CT
Departure Time:	7:30 AM	Date:	03/20/10 Exit 6, Commuter lot
Return Time:	4:30 PM	Date:	03/20/10 Exit 6, Commuter lot

I give my child permission to attend the above.

Return time is tentative. I can be reached at _____ in case the return time changes.

Medicine that my child must bring along (including prescriptions and over-the-counter medications taken internally or externally):

Allergies (including medications) and other health problems:

I give permission for my child to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of the Scouts.

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)