

Permission Slip

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

Activity: Webelos Woods
Location: Mount Allamuchy Scout reservation, Stanhope, NJ

Departure Time: TBD _____
Return Time: Afternoon _____

Date: 09/27/19 _____
Date: 09/28/19 _____

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. Please fill out the Medical form parts A and B, if you have not done so already this year. This will be needed to go on the trip. If you went to summer camp this year I have a medical on file, so this will not be needed. I need parts A, and B for this camp.

Your son will need to bring clothes for weather (check the weather report), Sun Screen, Class A Scout shirt, Class B Tee shirt and personnel camping needs. Please make us aware of any medications and/or allergies. Please make sure any concerns are addressed before the evening of the trip. We will be sleeping in tents of your providing. **This slip is required for the trip.**

Yours In Scouting

_____ Den leader/Guardian

Person designated as guardian for the weekend;

Name _____

Address _____

Cell Phone _____

In case of emergency, I (parent) can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Print name: _____
(Parent)

Signed: _____ Date: _____
(Parent)