

Trip Permission Slip to _____
Destination _____ Date _____

Troop 103, Boy Scouts of America
Sponsor: Cicero United Methodist Church

In consideration of the benefits to be derived , and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ward(s), namely:

I agree to his participation and waive all claims against the leaders of this Troop, Officers, Agents, and Representatives of the Boy Scouts of America, and the Sponsor. In the event of an emergency, the Troop Unit Leaders of the activity has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

Signature of parent or guardian _____ Date _____

I can be contacted at the following phones and will accept long distance calls:

If I am not available, please contact:

Name and Relationship _____ Phone _____

EMERGENCY INFORMATION:

This Scout is highly allergic or sensitive to: _____

What, if any, medication is this Scout Taking? _____

Any special instructions that might assist the adult leaders? _____

MEDICAL INSURANCE INFORMATION:

Company: _____

Policy Number: _____

Control No. of Group Policy: _____

Other: _____

Name of Insured: _____

Is parent attending campout? _____

Payment Amount: \$_____ Activity Fee \$_____ Food

Payment Method: _____ Scout Account _____ Cash _____ Check