

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an activity on _____, 123.

Location

Activity: _____

Departure Time: _____

Date: ___/___/___

Return Time: _____

Date: ___/___/___

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

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

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the participant in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. I authorize the medical provider 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 program activities.

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)