

PERMISSION SLIP

TRIP:
TRIP DATE:

PERMISSION SLIP FINAL DUE DATE:

Cost:

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 of my son (s) on this activity, As the parent or legal guardian of _____, I hereby agree to his participation and waive all claims against the leaders of this trip and officers, agents, and representatives of Boy Scout Troop 716 and it's sponsoring organization and the Boy Scouts of America.

Signature of Parent: _____ Date: _____

Home Phone: _____ Emergency. Phone: _____

As the parent or legal guardian I also give permission to the leaders of the above unit to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment as needed.

Signature of Parents: _____ **Date:** _____

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Dear Parent,

This form is necessary and required for all unit trips. **No scout will be allowed to go to the unless this form is signed and the food fee turned in to Scott Brown or one of the trip adult leaders.** We will do everything in our power to protect your son (s). There will always be adequate supervision by the adult leaders and/or parents of the unit who will be on this trip.

Yours in Scouting,
Marty Singley
Leader, Boy Scout Troop 716
Sykesville, MD 21784

I can attend this trip. Parent's Name: _____ **Cell Phone #** _____

I can transport _____ **scouts in addition to myself.**

Vehicle information

Year _____ **Make** _____ **Model** _____ **License Plate #** _____