

Troop 728 Activity Permission Slip

(for Boy Scouts and guests under 21 years of age, participating in a scout trip or activity)

LAST NAME	First Name	Middle Initial
		/ /

Address	Birth Date (month/day/year)
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City	State	Zip Code
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Home area code and phone	Business area code and phone	Cellular/Pager area code and phone
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Scout/Guest Medical Insurance Co.	Group ID	Member Number
	/	/

Trip Location	Activity	Date(s)
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Pick-up Date & Time	Pick-up Location	Pick-up by
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I understand that it may be necessary to pick up my Son during this outing, or need emergency contact.

In case of emergency, I can be reached by phone at: _____

If I can not be reached, contact: _____ at: _____

or: _____

Medications:

Allergies:

Permission and Medical Authorization
I hereby approve and agree to all of the terms and conditions of this application and certify its correctness. Further, I certify that this scout/guest can meet the health and physical fitness requirements of the scout trip or activity and has my permission to participate. As the parent or legal guardian of the above named scout/guest, I authorize the adult scout volunteer(s) to render First Aid should the need arise. In the event of an emergency I also give permission to the physician or other authorize medical personnel, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other emergency medical treatment, as needed. I also assume the responsibility for the payment of any such treatment.

Waiver of Claims
In consideration of the benefits to be derived from participation in this scout trip or activity, any and all claims against the Boy Scouts of America or its local councils, scout troop, or against the officers, employees, agents, parents or volunteers or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to / or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the scout trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and applicant's family or guardians.

Water Activities
In the event that the scout trip or activity takes place in total or in part on or near water, I certify that this scout/guest is:

- Non-Swimmer
- Beginner Swimmer
- Swimmer (Passed BSA Swim Test)**

Signature of Parent or Guardian	Date
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