

		TROOP 412
	Date of Event	
	Outing	
	Meet	
	Leave	
	Return	
	Cost	

Description

Permission Slips/Fees Need To Be Turned In By The Monday Before The Campout

----- DETACH HERE -----

	Boy Scout Troop 412
	Parent Permission - Medical Release for Emergency Treatment

I, _____, parent or legal guardian of _____, a minor child, hereby gives my permission for _____ to attend the Boy Scout Troop 412 function. I further understand that there may be risk that could result in injury or death. Should _____ be injured or become ill so as to require emergency treatment during the course of the Scout function, I hereby delegate to the leaders of Troop 412 all powers of parenthood regarding the medical or dental care and custody of such minor child. In consideration of the benefits derived and after carefully considering the risk involved, and in view that Boy Scouts of America is a Non-profit organization, I hereby release and hold harmless, and waive all claims I may have against Boy Scouts of America, Mid-America Council, BSA, activity coordinators, all employees, volunteers, or other organizations associated with Boy Scouts. This instrument shall not be affected by the disability or incapacity of its principal, and shall expire at the time my minor child is returned to my custody following the conclusion of the above referenced Scout function.

	Date:	
	Parent/Guardian Signature:	
	Emergency Contact or Cell #(s):	
I can drive to/from the Scouting event!		
(details i.e. <i>Friday but not Sunday</i>)		
I will attend the event with my Scout:		
(details i.e. <i>Entire campout, Sat evening only, how many family members will be attending, etc.</i>)		

Please indicate any early or late departure of your Scout here (Be sure to check out with the Scoutmaster or ASM):