

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 125.

Activity:	Climbing	Location	Island Rock Plainview, NY
Departure Time:	1:00 PM	Date:	02/01/14 Island Rock Plainview, NY
Return Time:	3:00 PM	Date:	02/01/14 Island Rock Plainview, NY

Cost 180.00 (includes equipment and mandatory Staff Supervisory Fee)

Note: Climbing instructions and preparation will be held at an upcoming Troop meeting

The undersigned parent/guardian hereby consents to emergency care and treatment to be given to the above named in the event he shall become ill or involved in an accident. The necessity for such care and/or treatment shall be left to the discretion of the attending physician. The undersigned parent/guardian also agrees to hold harmless registered Scouters of Troop 125 and any other non-registered adults in attendance at the above trip knowing that all necessary precautions for the safety and welfare of the Scouts have been taken.

Troop 125 must be informed of any special medical attention your son needs. If your son regularly takes medication for any medical condition. The Scout Leader must receive a supply of the medicine in a labeled container with written instructions as to its administration. The Scoutmaster or other trip leader reserves the right, in instances of special medical conditions to require parental attendance on the trip.

SPECIAL MEDICAL INSTRUCTIONS/MEDICATION PROVIDED:

WILL A PARENT BE ATTENDING ? (circle one) Yes or No

The cost for the above trip will be coming out of my Scout Account

I _____ give permission for \$18.00 being deducted from my scout account to pay for this trip.

Date: _____ Signed: _____

Parent Signature: _____

Date: _____

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)