



Troop 109



Colchester, CT



PARTICIPATION & SCOUTING ACTIVITY PERMISSION FORM

Scout

As the parent or legal guardian of _____,

I hereby give my permission for this youth to participate in an outing with Troop 109.

Departure Time: _____ **Date:** _____ **Location:** _____

Return Time: _____ **Date:** _____ **Location:** _____

Activity: _____

Location: _____

Details:

Event Information

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I (or alternate) cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized 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 the program activities.

Any special considerations for my son are noted; *including prescription medications* in original container with dosage instructions: _____

In case of emergency, the Scout's parent or guardian can be reached by phone at:

() _____ or () _____

If a parent or guardian cannot be reached, please contact: _____

at () _____

Signed: _____ Date: _____ (Parent or Guardian)

Parents Fill Out This Section