

**TROOP 712
TRIP
PERMISSION SLIP**

Date: _____

Location: _____

Departure Time: _____

Return Time: _____

Cost: _____

My Scout _____ has permission to attend the
Camping Trip on. _____

Need to have permission slip & PAYMENT turned in by: _____

Payment:

Scout Account _____ Check _____ Cash _____

MEDICAL RELEASE

In the event that I cannot be reached in an emergency I hereby give my permission to the adult scout leader in charge or his/her designated representative to seek the necessary doctor, hospital, and/or other medical treatment (e.g. anesthesia, injections, and surgery) for the above named scout; and further, I hereby authorize any qualified person administering medical treatment to provide such medical attention to the above named scout as the adult scout leader in charge or his/her designated representative requests.

I also give permission to the adult scout leader in charge or his/her designated representative to make any other medical decisions as he/she may deem necessary in the event of illness, accident or injury while traveling to or from or while participating in a troop or patrol activity.

I hereby release Troop 712, its charter organization, the BSA, the Scout Master, Assistant Scout Masters and Troop Committee members from all liability resulting from accidents, illnesses, or injuries occurring during a duly designated troop activity that troop members may attend with the sanction of the troop leadership. I also understand that this release does not affect any right of claim against the troop medical insurance policy.

Parent's signature _____ Date _____