TROOP 97 PARENT PERMISSION SLIP AND WAIVER OF RESPONSIBILITY

Event Name: _____
Event Date: _____

I give permission for my son _____ to participate in the above named event. My son is in good health and physical condition and is adequately equipped to participate in this event. Any allergies my son has or medication(s) he is currently taking are listed below. In the event of sickness or accident, my son may receive First Aid as deemed necessary by the adult Scout leadership, medical attention by a licensed Physician and/or hospitalization as required. In view of the fact that the Boy Scouts is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well being of all involved, I give permission for my son to participate in all activities involved with this outing. Further, I absolve Scout Troop 97, its agents and members, the Orange County Council, its agents, employees, and members, and the boy Scouts of America of all liability occasioned by accident, sickness, search and rescue, and property damage caused by my son during this event. I authorize the treatment of my son in a medical facility as needed, and the release after treatment to the adult bearer of this document or a copy thereof.

Emergency Medical Information

Son's Name:
Age:
Insurance Company:
Policy Number:
Known Allergies:
Medication being taken:
Phone number where parent can be reached during this event: Home: ( ) Pager: ( ) Cell ( ) Other ( )

☐ We plan to attend as a family and will be bringing _____ additional persons

☐ I am not available as a driver for this event.

☐ I am available as a driver (to and from) this event. My Driver's License #_____

Year and Make of Vehicle: _____

Number of Passengers: _____ Your Age: _____

Insurance Company: _____

Insurance Limits: _____/_____/_____ (minimum $50,000/$100,000/$50,000)

_____

Signature of Parent or Guardian

Event driver to have in possession to and from the event