

Troop 850 – Permission Slip

Complete and Return to trip leader By:

Trip leader (and mailing address) and trip co-leader:

Activity:

Dates:

Location:

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that all precautions will be taken to ensure the safety and well being of my Scout _____ on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and the sponsor. In the event of an emergency, the troop unit leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense if our doctor is not readily available.

I also recognize that my Scout account will be charged \$__ even if I cancel on this outing.

signature of parent(s) or guardian(s)

signature of Scout

date

Please check appropriate box

- Can drive to and from site, and will stay for activity
- Can drive to and from site, but will not stay for activity
- Can drive to site
- Can drive from site

____ Available Seats and Seatbelts

____ Are you registered with Troop 850's transportation database? If no see p. 2.

Emergency Information(In addition to information previously provided).

During the activity listed above, we can be reached the following phones and will accept long distance calls if necessary.

Home: (____) _____

Work: (____) _____

Cell: (____) _____

The Scout is highly allergic to or sensitive to: _____

What, if any, medication is Scout taking? _____

Any special instructions for this medication? _____

Please use the back of this form for additional information and for explanation of any other problems the activity unit leaders should be aware of.

Medical Insurance Information:

Company _____ Telephone number (____) _____

Policy Number _____ Group Number _____

Transportation information:

All vehicles MUST be covered by a public liability and property damage liability insurance policy. The amount of this coverage must meet or exceed the insurance requirements of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000 \$100,000/ \$50,000 or \$100,000 combined single limit.) Any vehicle carrying 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicle the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that Country.

Please provide the following information .

Kind, year and make of vehicle: _____

Number of passengers _____

Owner's name _____ Driver's license number _____

Will everyone wear a seatbelt? _____

Public liability insurance coverage,

each person _____

each accident _____

property damage _____