



TROOP

970



Event - Trip Permission Slip

_____ *Event or Location*

_____ *Event Dates*

Name of Scout(s) Attending: _____

Name of Adult Attending: _____

Will adult provide transportation for this event? Yes No

If yes, Vehicle (make/model/year) _____

Number of passenger seat belts? _____ Tag Number _____

Auto Insurance Company _____

Policy Number _____

Cell Phone Number _____

Parent or Guardian *Sterling, Virginia* (signature) _____ (date) _____

Troop 970 Universal Medical Permission and Release Form

In consideration of the benefits to be derived and having confidence that every precaution will be taken to ensure the safety and well-being of my Scout, _____ has my permission to participate in all Troop 970 activities for the one year period beginning on September 1, 2008 and extending through August 31, 2009. These activities include, but are not limited to, troop meetings, patrol meetings, troop sponsored outings, hikes, campouts, high adventure trips and service projects. At all activities Troop 970 will, in accordance with BSA policies and our guidelines, have at least two registered adult Scout Leaders (or one registered leader and one Scout Parent) providing supervision.

As the legal guardian, I wish to inform the Troop 970 Scout Leaders and other medical professionals of the following information concerning the above named Scout (please use the back of this form or additional paper as necessary):

Current or past medical conditions or restrictions, which may impact medical treatment, are: _____

Medications, which must be given regularly, their frequency and dose are: _____

(Medications must be provided in the original prescription container, with medication name, dosage instructions and doctor's name legible.)

Scout's Medical Insurance Coverage Carrier: _____

Policy # or ID Information _____

Physician's Name _____ Phone: _____

Address _____

In the event that I cannot be reached in an emergency, I hereby give permission to the Troop 970 activity leader to obtain medical attention from a physician and/or a hospital. I give my permission for the physician and/or the hospital to treat this Scout in accordance with customary medical practices. I agree to pay for any and all costs that may not be covered by my insurance policy.

My child is presently considered physically fit to participate in all Troop 970 activities (other than the restrictions listed above.)

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____ Home phone: _____

Home Address: _____

Employer: _____ Work phone: _____

Work Address: _____

Other Contact information (cell phone) _____

Note: Return this form to the Scoutmaster or a designated Troop 970 activity leader prior to attending any Scout activity. This form, or a copy of it, will accompany the Scout while he participates in the activity. Scouts, who do not have a copy of this form on record with the Scoutmaster, must be accompanied by a parents or a legal guardian.