

# Permission Slip

Troop 165



Activity/Location: \_\_\_\_\_

<b>Departure</b> Date _____ Time _____ Location _____
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<b>Return</b> Date _____ Time _____ Location _____
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As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 165.

I give permission to the leaders Troop 165 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold Troop 165 and its leaders blameless for any accidents that might occur during this activity except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)