

Patrol: \_\_\_\_\_

### Troop 99 Permission Slip

**MUST BE RETURNED PRIOR TO LEAVING FOR EACH CAMPOUT!!!  
WITHOUT A SIGNED PERMISSION SLIP, YOUR SON WILL NOT BE ALLOWED TO PARTICIPATE.**

Scoutmaster \_\_\_\_\_ Location \_\_\_\_\_

I give my son \_\_\_\_\_ permission to go on the outing/camping trip leaving on \_\_\_\_\_ and returning \_\_\_\_\_ (dates) with BSA Troop 99, Bellefonte, DE. Any adult leader of the activity has my permission to obtain emergency medical treatment for this Scout at my expense should such treatment be deemed by them to be necessary, except as noted below.

**Notice of Responsibility:** The activities we engage in have inherent risks that may lead to injury. Adult leaders of Troop 99 accept responsibility for the safety and well being of the youth in their care. Parents and guardians accept responsibility for properly equipping their scout, will provide up to date medical information and will assume all costs that might arise from participation in Scouting. Parents and guardians will notify the adult leaders of any physical, mental or psychological condition that might effect the scout's ability to participate in strenuous and challenging activities or that might impact safety in any way.

My insurance carrier is: \_\_\_\_\_ Carrier phone number: \_\_\_\_\_  
Certificate number: \_\_\_\_\_ Group number: \_\_\_\_\_

In case of emergency, I can be reached at \_\_\_\_\_ or \_\_\_\_\_  
**(THESE NUMBERS ARE REQUIRED).**

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:  
Name & Address: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

My son is allergic to: \_\_\_\_\_

He is presently taking (list ALL medications) X a day: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
USE BACK OF PAPER IF NEEDED

Other conditions, problems, or information that adult leadership should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give my permission for any adult to give my son Tylenol (for headache or minor discomfort).

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for any adult to give my son Benadryl (for bee sting or allergic reaction).

Yes \_\_\_\_\_ No \_\_\_\_\_

**I give my permission for my Scout to view a movie rated PG-13.**

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

rev. 12/10/2002

**THIS FORM IS REQUIRED FOR ALL SCOUTS UNDER THE AGE OF 18.**