

# PERMISSION SLIP & OUTING INFORMATION

Outing Activity \_\_\_\_\_

Outing Location \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Return Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

(Arrival time is approximate. Please be at the arrival location on time. No Scout will be left unattended at the arrival location and it is not the responsibility of the leadership to locate missing parents.)

Outing Cost \_\_\_\_\_

At-home Contact \_\_\_\_\_

- Do not bring any lighters, spray cans, laser lights, or electronic games or music (except during transportation).
- Troop Packing List identifies required and optional equipment for the outing.
- Number of available openings: \_\_\_\_\_ Outing Conditions: \_\_\_\_\_

(Return this portion)

## Consent & Commitment to Attend Outing

Scout's (Son's) Name: \_\_\_\_\_

**General Release from Liability** - The \_\_\_\_\_ outing has been discussed and planned for in advance and will be attended by a minimum of two adult leaders, one of which has received leadership, first aid and outdoor awareness training. Though adequate precautions and training have been taken to ensure a safe outing, I understand that there are certain risks and inherent dangers involved in the outing, including, but not limited to, accidents and/or injuries while traveling to and from the outing, and/or in the course of the outing, and/or the potential for property damage or loss. I hereby release from liability all persons and/or organizations who in any fashion have helped in organizing, planning and/or implementing the outing.

**Medical Release** - I know of no health or fitness restriction(s) that preclude my son's participation in the outing. If, for any reason, I am unable to give my consent, I do hereby authorize the treatment of my son in the event of a medical emergency which, in the opinion of the attending physician, may endanger his life, cause disfigurement, physical impairment or undue discomfort if delayed. I agree to be responsible for any cost incurred in the treatment of my son. In addition, the information on the Medical Information & Authorization form is accurate and current, with the exceptions listed below.

**Commitment & Permission** - I understand the outing is voluntary and that my son has the minimum responsibility to follow all directions given by the leaders to ensure a safe outing. As parent/guardian, I agree with the above mentioned statements and hereby give my permission for my son to participate in the above named outing. I also understand and agree that if my son does not attend the outing or leaves early, for any reason, we are liable for any necessary or outstanding expenses (including, but not limited to, fees, food, and transportation) incurred as a result of his non-attendance.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(parent/guardian)

### Additional medical and emergency information:

Current medical condition: \_\_\_\_\_

Medications required during outing: \_\_\_\_\_

Should leaders carry and/or administer the medication(s): \_\_\_\_\_

Allergies and/or sensitivities: \_\_\_\_\_

Disabilities and/or physical limitations: \_\_\_\_\_

Food considerations: \_\_\_\_\_

Emergency contact (name, relationship, phone): \_\_\_\_\_