

**BSA TROOP 713 PERMISSION SLIP & MEDICAL RELEASE FOR TRIP**

I have read, and by signing this, I agree to this permission slip and release. I give permission for my son to go on the Boy Scout trip identified below. I fully understand and acknowledge that Boy Scout activities have inherent potential risks and hazards. I have inquired sufficiently about this trip to be satisfied that I understand the purpose, itinerary, activities, all required preparations, potential risks and hazards. I consent to my son's participation in all activities except those identified below.

I hereby release the BSA and the adult leaders of Troop 713 from any and all liability and hold them harmless. On behalf of my son and myself, I assume all risks associated with this trip. I give the adult leaders permission to make any immediate decisions regarding my son's safety and medical needs, and I also give permission for all adult leaders, medical personnel and doctors to provide any needed emergency care they deem is necessary. I fully understand that my son and I are responsible for all of the preparations and supplies that my son requires for this trip. I have discussed this trip with my son and stressed proper safety precautions with him. We have made adequate preparations in terms of food, equipment, shelter, clothing, and money.

If my son has a medical, emotional or behavioral condition, I have discussed this with the Scoutmaster in charge in advance of the trip. Any information given to the Scoutmaster in charge will be treated confidentially and shared only on a need to know basis involving the safety and welfare of my son. If this condition requires medication, my son has the required medication and will take it as prescribed. I give permission for the adult leaders to oversee my son's medication and have reviewed it with the Scoutmaster in charge. If my son does not have or does not take his medication, my son and I understand I may be required to retrieve him from the trip. My son and I have discussed proper behavior and respect for others and my son and I understand that if he does not behave and respect others, he may be asked to leave the trip and I may be required to retrieve him. Failure on my part to fully disclose my son's condition may result in him being asked to leave the troop.

Scout's Name (print legibly): \_\_\_\_\_

Activities in which my son may not participate: \_\_\_\_\_

My son takes the following medications with the prescribed dosage and will take them on this trip as described here:

My son has the following allergies and the appropriate treatment for these allergies is (avoidance, medication, etc.):

My son's doctor is \_\_\_\_\_, his/her phone number is \_\_\_\_\_ and my son's medical insurance information is: \_\_\_\_\_

Parent's name (print legibly in caps.): \_\_\_\_\_

Phone number(s) where I can be reached during this trip: \_\_\_\_\_

Emergency contact if I am unavailable: \_\_\_\_\_

The above information is current and accurate for the following trips:

Date	Parent Signature	Event

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