

BSA Troop 843 Outing Permission Form

This is a two-sided form. Please complete both pages.

Outing:	Fall 2009 Delaware District Camporee
Date(s):	October 16 – 18, 2009
Location:	Fort Ancient State Memorial
Cost:	\$15, plus patrol costs
Register by:	
ESA:	Bob Beasley, 614-783-8419 (c), beasler@columbus.rr.com
Arrive at:	5 p.m. Lewis Center United Methodist Church
Concludes:	1 p.m. Lewis Center United Methodist Church
Notes:	<p>This event will serve as a tune-up for the Council's 100th anniversary Camporee, to be held early next spring.</p> <p>We will be using the patrol method: two Scouts to a tent, use of patrol lists (duty roster, menu, attendance, etc.), patrol flags and gadgets.</p> <p>There may be preparatory work required for this outing, which may require one or two meetings/work sessions prior to the campout.</p> <p>NOTE: No campfires permitted.</p> <p>NOTE: There are Sunday activities. It is unlikely we will break camp at dawn and leave.</p>

Attendee Information

Scout Name:	
Parent Name (if attending):	
Drive to event (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drive from event (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle and # of seat belts:	
Driver's License #:	
Driver's License state:	
Minimum insurance (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information

Parent Name:		
Phone Circle preferred:	Home:	Cell:
Alternate Contact:		
Phone Circle preferred:	Home:	Cell:
Physician Name/Phone:	Name:	Cell:
Dentist Name/Phone:	Name:	Cell:

Method of Payment (Circle one)

Amount paid: \$ _____ by cash check Scout account.

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Informed Consent, Hold-Harmless Agreement, and Consent for Medical Care

I understand that participation in activities offered through Troop 843, Simon Kenton Council, Boy Scouts of America, involves a certain degree of risk. In consideration of the benefits to be derived, and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I give _____ my consent to participate in

Scout's name

Event / Dates

I discharge and release Troop 843 and all other organizations or persons connected with this activity from all claims for personal injury, loss or inconvenience resulting from my son's participation. I further understand that, in case of emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son.

THIS FORM MUST BE SIGNED BY BOTH PARENTS/GUARDIANS.

Name (please print)	Name (please print)
Signature	Signature
Date	Date
Telephone number with area code	Telephone number with area code

Prescription Medications (BSA regulation: All medicines must be dispensed by adult leader)

Medication Name	Dose	Times Daily	Purpose