

# BSA Troop 843 Outing Permission Form

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

<b>Outing:</b>	Camping Cookout
<b>Date(s):</b>	Friday, October 23 - Sunday, October 25
<b>Location:</b>	Hocking Hills
<b>Cost:</b>	\$ 8
<b>Register by:</b>	Monday, October 19 - Troop Meeting
<b>ESA:</b>	Jim Shingler (614) 937-8378 shinglerjim@gmail.com
<b>Arrive at:</b>	Lewis Center United Methodist Church Oct. 23 5:00 PM
<b>Concludes:</b>	Lewis Center United Methodist Church Oct. 25 12-Noon
<b>Notes:</b>	We will stop to eat on the way to Campsite. The Focus of Saturday will be Cooking and other Scouting skills. As time allows, we may take a small hike to see some of the local sites

## Attendee Information

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

## Emergency Contact Information

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