



BOY SCOUT TROOP 658 PERMISSION FORM

Location of Outing: _____

Date of Outing: _____

DEPART: _____

RETURN: _____

Other Information: _____

COST: _____

What to Bring: _____

Do Not Bring: _____

Emergency Contact Person: _____

Return bottom half of this form to the scoutmaster before: _____

OUTING: _____ **DATE:** _____

TO: Scoutmaster, Troop 658

From: _____

Parents/Guardian Name

1. I hereby permit _____ to attend this Troop event.
Scout's Name
2. I hereby authorize the Scoutmaster and/or any adult leader who may be present on the outing event to seek medical help for his care in case of an emergency.
3. I hereby relieve the Scoutmaster and adult leaders sponsoring activity and the Scouting movement of any financial responsibility which might arise as a result of this activity and beyond that covered by group or individual insurance plans in effect as of this time.
4. Name of Insurance Carrier and Number _____
5. Name of Subscriber _____
6. Doctor's Name and Telephone Number _____

SIGNED: _____

Parents/Guardian Name

EMERGENCY PHONE # WHERE PARENT MAY BE CONTACT _____

Has the Scout attended the last _____ Scout meetings? Yes _____ No _____

APPROVAL _____

Unit Leader

******* DUES MUST BE UP TO DATE TO ATTEND THIS OUTING *******