TROOP 783
SCOUT OUTING PERMISSION SLIP

This is to certify that my son, _____, has my permission to **attend regular weekly meetings of Troop 783** at Rolling Hills United Methodist Church, from **August of** _____ (Year) through **June of** _____ (Year).

In the event of illness or injury occurring to my son while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against Boy Scouts of America, troop, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

I hereby approve and agree to all of the terms, conditions, and waiver of claims of this consent form and certify to its correctness, Further, I agree that this BSA youth member can meet the health and physical fitness requirements of this trip or activity.

_____ _____
Parent's signature Date

Address: _____ Home Phone: _____

In an emergency, please call:

Parents: _____ Phone: _____

Local Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Out of state contact: _____ Phone: _____

Scout's Medical Info

Insurance Co.: _____ Policy/Member # _____ Phone: _____

Date of Birth: _____ Date of last Tetanus Toxoid immunization: _____

Any allergies to foods or medicines (please list)? _____

List any medical conditions (asthma, heart trouble, etc) Use back of page if needed: _____