

**BOY SCOUT TROOP 2  
Activity Permission Slip**

Scout Name: \_\_\_\_\_ has permission to attend the BSA organized outing to the \_\_\_\_\_ on \_\_\_\_\_.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son named above, I give my permission for my son to attend the above trip. I have been explained the nature of and activities to be engaged in on this trip and I agree to my son's participation in the activity named herein and waive all claims against the leaders of this trip and of Troop 2, officers, agents, and representatives of the Boy Scouts of America, and the sponsor, Immanuel Union Church.

In the event of an emergency, the troop unit leader of the activity named herein has my permission to obtain medical treatment for this Scout at the nearest hospital, medical clinic or physician, as deemed necessary for the welfare of the child. I agree to be responsible for such costs, to the extent not covered by the insurance of the Boy Scouts of America. **I have indicated on the reverse side of this slip, special medical considerations that the leaders of Troop 2 and any medical practitioner should be aware of as well as all medication used.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Adult leader in charge: \_\_\_\_\_

While participating in Scout activities, I agree to conduct myself at all times according to the ideals set forth in the Scout Law.

\_\_\_\_\_  
Signature of Scout

\_\_\_\_\_  
Date

**PLEASE COMPLETE EMERGENCY CONTACT INFORMATION**

**EMERGENCY INFORMATION**

During the activity listed above, I can be contacted at the following phones and will accept long distance calls.

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_