**TROOP 5**

**BOY SCOUT EVENT PERMISSION SLIP**

Event Name:

Dates (YYYY/MM/DD):

Due Date (YYYY/MM/DD):

My son, [SCOUT NAME] has permission to attend the [EVENT NAME] on/from [DATE OF EVENT]

**Hold Harmless Agreement:**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Any **required** medication for this activity should be written below. Medication will be turned in and/or logged prior to departure. The scout should not carry any other medication than that necessary for allergic reaction or asthma. Please have medication in original packaging and provide only enough for the duration of the activity.

Required Medication for this activity:

Dosage: Frequency:

Medication required to be carried by the scout:

Reason:

While my son is at this event, please contact the following relatives/adults in case of emergency:

Name: Phone:

Date:

Signature of parent/guardian: