**BSA Troop 95 Permission Slip**

Trip Leaders: NAME and CELL #

Activity: DESCRIPTION

Dates: START DATE – END DATE

Times: Meet @ (example: Abbot School parking lot, 25 Depot St, Westford, MA 01886)

Start at TIME AND DATE; pick-up at TIME AND DATE

Location: ADDRESS/LOCATION WHERE THE OUTING WILL BE HELD

Cost: $ FEE AMOUNT cash or check payable to Troop 95

**Please detach on dotted line and retain this section.**

**Return the rest of this form to the scoutmaster**.

**.............................................................................................................................................................................**

**WAIVER OF RESPONSIBILITY**

(Trip leader carries this part, one for each Scout)

TROOP 95, BOY SCOUTS OF AMERICA

SPONSOR: United Methodist Church, Westford, MA

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/ward, namely: on the activity named below. I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

I In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

(Signature of parent of guardian, and date)

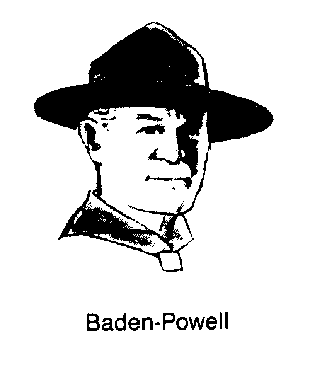
**ACTIVITY: DESCRIPTION AND DATE OF PARTICULAR OUTING**

EMERGENCY INFORMATION (In addition to Personal Health and Medical Record):

**During the activity listed above, I can be contacted at the following phone numbers**

\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TROOP CAMPOUTS**

Only Scouts in good standing will be eligible to attend a troop campout. What does it mean to be in good standing? In general, it means that you are making a strong effort to live up to the precepts embodied in the Scout Oath and the Scout Law. In our troop, it also means that you qualify under the following five points:

1. You regularly attend a minimum of 50% of the troop meetings,
2. You are up to date on your dues,
3. You properly wear your Scout uniform to the troop meetings,
4. You set a good example for others to follow, and
5. You consistently show good Scouting spirit.

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**MEDICAL RECORD INFORMATION**

**NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.**

This Scout is highly allergic or sensitive to

What, if any, medication is this Scout taking?

Any special instructions for this medication?

Do you want the unit leader to carry the medication? YES NO

Is Medical Form and Insurance Info on file with Mr. Nolan from Summer Camp 2015?

YES NO\* (\*if you answered NO, please complete and submit to Mr. Nolan)

Use the space below for additional information and for the explanation of any other problems the activity leader should be aware of.