**Troop 165 Permission Slip**

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I hereby give my permission for this

child to participate in an outing with Troop 165.

**Time Date Location**

**Drop off: 5:15p 12/13/2014 Crystal Lake Nature Center**

**Pick up: 7:00a 12/14/2014 Crystal Lake Nature Center**

**Activity: Lock-In at Prairie Stone Sports & Wellness Center (Hoffman Estates)**

**Payment Due Date: December 9, 2014**

**Cost: $ 0.00 *Option: Take This Amount From My Scout Account* [ ]**

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If I cannot be reached, please contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)

**-------------------------------------------------------------------------------------------------------------------------------------------------------**