

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.

| | <u>Time</u> | <u>Date</u> | <u>Location</u> |
|-----------|-------------------|-------------|----------------------------|
| Drop off: | 5:00p | 7/12/2019 | Crystal Lake Nature Center |
| Pick up: | 1:00p (estimated) | 7/14/2019 | Crystal Lake Nature Center |

Activity: Backpacking Camp, Kettle Moraine State Forest, Southern Unit, Eagle, WI

Payment Due Date: July 9, 2019

Cost: \$ 40 *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)

Keep this portion for your reference during the outing

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