

## Permission Slip

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 103.

<b>Activity:</b>	Climbnasium & Camping	<b>Location</b>	Mechanicsburg, PA & York Springs Lions Club
<b>Departure Time:</b>	5 pm	<b>Date:</b> 05/15/09	St. Joseph Church, Grandview Rd., Hanover, PA
<b>Return Time:</b>	11:30 am	<b>Date:</b> 05/17/09	St. Joseph Church, Grandview Rd., Hanover, PA

I understand that participation in the above activity offered through Boy Scout Troop 103, YAAC Council of the Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in the above event during the above-stated dates and times.

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 injections or secure other medical treatment, as needed.

In consideration for my son/daughter's participation in this activity, and for other good and valuable consideration, I release and hold harmless Boy Scout Troop 103, its leaders, and the St. Joseph Holy Name Society, for any accidents that might occur during this outing except for acts of gross negligence and non-adherence to BSA policies and guidelines. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or 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.

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)