



ACTIVITY PERMISSION SLIP

As the parent or legal guardian of _____, I hereby give permission for this child to participate in the following activity with Somers Troop 376:

ACTIVITY: _____

LOCATION: _____

DEPARTURE DATE: _____

RETURN DATE: _____

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.

I understand that certain Scouting activities can be dangerous, and I accept the associated risks. I also understand and agree that in the event this child must be sent home from this activity for any reason (including sickness/injury, behavior-related, child chooses to go home, or otherwise) **I will be responsible for securing transportation for him immediately.** If I cannot be reached, the alternate contact below will assume that responsibility.

Parent or Guardian Name (Print Neatly): _____

Relationship to Scout: _____ Phone Number: _____

Signature: _____ Date: _____

ALTERNATE Parent or Guardian Name (Print Neatly): _____

Relationship to Scout: _____ Phone Number: _____

Celebrating
30 Years



Prepared. For Life.®

BSA Troop 376
Somers, NY