

Troop 198 is Planning an Outing to: _____
Time/Place of Departure: _____
Time/Place of Return: _____
Special Items Needed for Trip: _____
Total cost: \$ _____
Boy Scout Leaders in Charge: _____

Permission Slip and \$ _____ fee are due by _____
(place this portion on your refrigerator)

(tear off and return to Troop 198 Outings Coordinator along with payment at least 2 weeks before trip)

**Parental Authorization, Permission Form,
Informed Consent and Acknowledgment of Risk**

I hereby give my child _____, permission to participate in the following Troop 198 Boy Scout outing: _____. I understand that participation in this activity offered through the Boy Scouts of America ("BSA") and Troop 198 involves a certain degree of risk. In consideration of the risks involved and the benefits to be derived, and in view of the fact that membership in the BSA is voluntary, I agree not to hold the BSA, Troop 198, its volunteer leaders or chartering organization liable in the event of accident, personal injury or death.

Parents: I am willing to Drive & Attend _____; I cannot drive, but would like to Attend _____;
I am willing to Drive only _____; Cannot drive or attend _____
____ I have included payment in the amount of \$ _____ with this permission slip.
____ Please deduct fees in the amount of \$ _____ from the Individual Scout Account (ISA).

During this outing, I can be reached at phone number (_____) _____ and at the following address: _____

If I cannot be reached in the event of an emergency or problem, the following person is authorized to act on my behalf: Name: _____
Relationship to Participant: _____ Telephone: (_____) _____
Address: _____

I hereby attest that the medical history information noted on the most recent Personal Health and Medical Record form submitted to my child's scouting unit is complete and accurate, or the following changes to my child's medical history should be noted: _____

List here any additional information or explanation of concerns the leaders should be aware of: _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the troop's adult leaders to administer first aid as needed and secure proper/professional medical treatment, including hospitalization, anesthesia, surgery or injections or medication for my child. I accept full responsibility for all reasonable medical expenses and fees for care given, including EMS.

I understand that electronic games are not allowed on BSA outings. **Cell phones and other electronic devices should only be carried by adult leaders for health and safety purposes.** Further, I will encourage my Scout to follow the directions given to him by Adult Leaders and instruct him to follow the Scout Oath and Law and policies set forth by BSA. If my child creates conditions that are an endangerment to himself or others, I understand that my child may be asked to leave the meeting, activity or outing and must be picked up by a parent, guardian or their designee who therefore must remain available to pick the Scout up. The Scout listed above has my permission to engage in the above listed outing and all prescribed activities except those noted by me.

Signature of Parent or Guardian: _____

Date: _____