

ACTIVITY PERMISSION SLIP – TROOP 22, BSA, East Haddam, CT

Activity Title: _____ From: _____ To: _____

Leader(s): _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son, namely:

Scout name(s): _____

I agree to his participation in the activity named above and waive all claims against the leaders of the activity, agents, officers, and other representatives of Troop 22, the East Haddam Rotary Club (Troop 22's chartered organization), and the Boy Scouts of America. In the event of an emergency, the activity leaders have my permission to obtain medical treatment at my expense for my Scout son from the nearest medical facility of a doctor of their own choosing, as restricted by information of the Emergency Data and Health Sheet on file with Troop 22.

I also hereby consent to the use of photographs of the above named scout on Troop 22's web site (<http://www.troop22eh.org>). No names of youth will be used on Troop 22's web site.

During the activity listed above, I can be contacted at the following telephone numbers and I will accept reverse-charge-long-distance calls:

Home phone or via: _____ **Beeper / other numbers:**

Additional contact instructions:

Special precautions/instructions: (allergies, current medication and instructions, problems the Activity Leader should be aware of)

My son is carried by health insurance: Company Name: _____

Health insurance policy number: _____

Parent / Guardian Name: _____

Date: ____ / ____ / ____

INFORMATION FOR PARENT / GUARDIAN PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Activity Title: _____ Date: (from) _____ (to) _____

EMERGENCY, your son may be contacted through:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____