



Troop 117 - Outdoor Activity/Campout Permission Form

BOY SCOUTS OF AMERICA

Please return completed form by: _____

Activity: _____

Date: _____ Departure Time: _____ Return Time: _____

Location: _____

Cost: _____ (Food costs to be divided & paid within a week of return)

Number of nights out: _____ Meals needed: B__, L__, D__

I, _____ give permission for my son _____ to attend and participate in all activities associated with the above outing. I realize that every precaution for my son's safety will be taken. In the event of an accident or injury, I will in no way hold Troop 117 or any of its volunteer leaders responsible.

Emergency Phone # _____ - _____

Special Instructions & Comments: _____

In case of emergency, I understand every effort will be made to contact me (If an adult, my spouse or next of kin). In the event I cannot be reached. I hereby give my permission to the physician selected by the Troop Leadership in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if an adult).

Signature and date of parent/guardian or adult: _____
