

Queen of Angles Troop 20 Permission Slip

*All Scouts are required to return this form whether they will be attending activity or **not**.*

Scouts Name

My signature below indicates consent to my son's participation in the activities of Boy Scout Troop 20 while tent or cabin camping. I waive all claims against (release and hold harmless) the leaders of this trip, officers of the charter organization, agents, representatives of the Boy Scouts of America and the sponsor.

In the event of an emergency or serious injury or serious health problem I give my permission (per my signature below) for you to obtain medical treatment for my son from EMS personnel and/or at the nearest hospital, doctor, or medical facility at my expense.

I further certify that the info I have provided on my son's personal health history is correct to the best of my knowledge. Any information missing from personal health history or new or temporary health problem, activity restriction, and/or change of insurance provider is noted on this form.

Write any special medication info no the back of this form. I understand that all medications are to be turned over to the Scoutmaster in charge when I drop my son off and that I am responsible to request the return of medications when I pick up my son. I agree to notify the leadership of any health issues within the 24 hours preceding the trip.

All Scouts will need to have eaten their dinner before leaving.

You will need you **Troop Tee Shirt and your Class A's** (Traveling to and from).

Parent's Name	Phone number
Address	Problem / restriction / change of health insurance info
Emergency contact and/or phone number	If I am not at Queen of Angles to pick up my son, he may get a ride home with the following people...

Parent signature

Circle payment method for activity fee

Cash _____ Check# _____

We always need parents to help transport scouts to and from the campouts and parents to camp with us as parent chaperones. Please check your availability and note it below.

I am **not** available to help this time.

I am available to drive scouts to camp on _____ at _____ PM.

I am available to drive scouts back to Q of A on _____ AM

I am available to stay at campout Friday / Saturday / Sunday. (time? ____ - ____)

I am available to camp overnight on Friday / Saturday.

Number of passengers including your son _____ plate number _____

I can tow the troop trailer.

I can fit extra gear in my vehicle.

Vehicle make/model/year _____ Drivers License # _____

(Driver & passengers are required to wear seat belts. Vehicles must be properly insured & equipped.)

depart from Q of A's northeast parking lot

return to same location on _____, 20____

location of activity _____

activity fee is \$ _____ includes facility fees, troop overhead, and food.

If you will be late or cannot attend activity, contact SPL before 4:00 PM on Friday.

After 4:00 on Friday contact Tom Myers 403-3840

“CLASS A” UNIFORM IS ALWAYS REQUIRED FOR TRAVEL.

APPROPRIATE GEAR AND CLOTHING FOR DAY ACTIVITY AND NIGHT SLEEPING IS REQUIRED.