

**Boy Scout Troop 175
Niles, IL
Permission Slip for Campout/Activity**

Campout _____

Dates ____ / ____ / ____ **Thru** ____ / ____ / ____

Scout Name _____

Phone: Home (____) _____

Phone: Mobile (____) _____

My Scout will be bringing medication on this trip

Name of Prescription or other Medication (Includes all over the counter medications, inhalers) _____

Emergency Contact other than parent
(____) _____

Emergency Phone number other than parent
(____) _____

I as parent or guardian give my permission for my son to travel to the location listed above during the listed dates. It is my leadership will accompany the boys on this trip and that my son will be part of this group. I direct that those leaders have the authority for the well being of my son. In the case of an emergency, I authorize the leaders to assume responsibility for all medical attention and to see that proper care is given. Parents accept full responsibility for all medical costs. This form also gives the right for adult leaders to make all the parental decisions that need to be made in my absence. In consideration of services donated by others, I will hold free from liability in case of accident or illness, the Pathway to Adventure Council of Boy Scouts, this troop, and its leaders.

Parent's Signature _____

___ I am willing to drive for this event and I plan to stay for the event. I can take ___ total passengers

___ I am willing to drive for this event and I will not be able to stay for the event. I can take ___ total passengers

Please complete this form and return it to current activity chair or other troop leader.