



# BOY SCOUTS OF AMERICA

TROOP 175 • NORTH RIDGEVILLE, OHIO



## Permission Form

Event: _____	Date(s): from: ____ / ____ / ____
Location: _____	to: ____ / ____ / ____
Meeting Place: _____	Fees: \$ _____
Meeting Time: _____	Date Money is Due: _____
Uniform: Wear _____ Bring _____	
Other Info: _____	

✂-----✂ Cut here and return lower portion with any fees. ✂-----✂

I hereby grant my son/ward \_\_\_\_\_ permission to attend the TROOP 175 event: \_\_\_\_\_ on the date(s) \_\_\_/\_\_\_/\_\_\_ (to \_\_\_/\_\_\_/\_\_\_), where he will be \_\_\_\_\_ years old. I assure that his physical condition is such to withstand the strenuous activities of camp life, and agree to the following:

1. My son/ward will cooperate with the Troop Leaders and fellow Scouts.
2. I have checked his equipment and clothing and find it suitable for the weather conditions expected.
3. I will assume full responsibility for arranging my son's/ward's transportation to and from the area involving the event.
4. My son/ward will stay for the entire event period unless he has taken seriously ill or has made other previous arrangements with the Adult Leaders.
5. I have noted all pertinent emergency and medical information below.
6. I will provide all required medication to the Adult Leader in charge with written instructions for use and all necessary information. *All medication must be marked and in original containers.*
7. I agree to release the Troop Leaders from liability or injury to person, loss, or damage to personal equipment.
8. In the event of an emergency, the Troop Leader of the activity named above has my permission to obtain medical treatment for my son/ward at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Medical Record on file with Troop 175.

Signed: \_\_\_\_\_  
Parent or Guardian

<input type="checkbox"/> Our family would be willing to drive	<input type="checkbox"/> Take the funds out of my son's Troop Account
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Other family members who will be going: \_\_\_\_\_

Emergency Info	Medical Info
Please list all the numbers you can be reached at in the event of an emergency: _____ _____	Please list any relevant medical information: (seasonal allergy, injuries, medication, limitations, etc...) _____ _____ _____
Who else could be contacted: _____ _____	