



# Troop 323 - Boy Scouts of America

Chartered by All Saints Lutheran Church

Grand Canyon Council – Thunderbird District

## Permission Slip and Waiver of Responsibility

January 1, 2007 through February 28, 2008

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 son/ward;

Namely \_\_\_\_\_ Age \_\_\_\_\_

I authorize his participation in all meetings, outings, travel, campouts and other activities associated with Boy Scout Troop 323. During these events, I consent to his supervision by Troop 323's adult leaders.

I recognize that certain risks may be inherent in the conduct and participation in Troop activities. I further recognize that such risks may be beyond the control of the activity leaders and hereby waive all claims against the leaders, officers, agents, and representatives of Troop 323, the Boy Scouts of America or All Saints Lutheran Church.

I give my permission to Troop 323's adult leaders to administer first aid and/or obtain emergency medical treatment for my son/ward in the event that their best judgment indicates such treatment is necessary. If our own doctor is not readily available, I authorize Troop 323's adult leaders to seek medical treatment at the nearest hospital or doctor, at my expense, and as restricted on the medical information form on file with Troop 323. Below I have noted any special medical needs my son/ward may have and I agree to keep Troop 323's adult leaders informed of any changes to these needs.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Info: \_\_\_\_\_

Physician to contact \_\_\_\_\_ Phone Number \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY - I can be reached at these phone numbers:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Pager: \_\_\_\_\_

Other Numbers \_\_\_\_\_ Other Numbers: \_\_\_\_\_

If I cannot be reached at the above numbers, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_