



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, 2010 through February 28, 2011

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 _____