

**Boy Scouts of America
Troop 18 Plaistow, NH**



**PERMISSION SLIP
PARENTAL CONSENT FORM**

Activity: _____

Location: _____

Departure Date: _____ Time: _____

Estimated Return Date: _____ Time: _____

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational organization, 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(s) / ward(s) during this activity or trip, I hereby agree to his / their participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the Boy Scouts of America.

Participant's Name: _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____

Emergency Contacts

Name: _____

Relationship: _____ Telephone: _____

Name: _____

Relationship: _____ Telephone: _____

Insurance Carrier: _____ Group Number: _____

Subscriber's Name: _____

Emergency Form and Release Statement

In case of an accident or serious illness, I request that a Scout Leader contact me. If unable to reach me, the Scout Leader may make rescue/emergency arrangements until I can be contacted.

Parent or Guardian Signature: _____

Date Signed: _____ Telephone: _____

Physician: _____ Telephone: _____

Medications taken: _____

Allergies: _____

Any Special Medical Conditions: _____