Troop 686 Outings Permission Slip

As the parent or legal guardian of _____,

I hereby give permission for this child to participate in an outing with Troop 686.

Activity:_____

Location:_____

Departure Time: _____ **Date:**_____ **Return Time:**_____ **Date:**_____

I give permission to the leaders of Troop 686 to render first aid, if the need should arise. In the event of an emergency I also give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment as needed.

I further agree to hold Troop 686 and its leaders blameless for any accident that might occur during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency I can be reached by phone at _____ **or** _____

If I cannot be reached, please contact _____**at** _____

Signed _____ **Date** _____
          (Parent or Guardian Signature)