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**Troop 698 Permission Slip**

Troop 698 will be participating in a

The fee for this outing is: \$ . Please make checks payable to Troop 698. There will be additional food charges.

The adults in charge for camping will be .

The local contact for an emergency will be: Miriam Heston at 703-981-3718.

**Please keep this page for a reference along with your notes and contact phone numbers.**

**WAIVER OF RESPONSIBILITY  
BOY SCOUT TROOP 698 SPONSORED BY THE BURKE ROTARY CLUB**

1. In consideration of the benefits to be derived, in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and that I have full confidence that every precaution will be taken to ensure the safety and well-being of my son(s) or ward(s), namely: \_\_\_\_\_ on the activity named below, I hereby agree to his participation and waive all claims against the leaders of this trip and the officers, agents and representatives of the Boy Scouts of America and the Burke Rotary Club.
2. Please list any medical or other problems that your son has, that will help the leaders ensure that he has a good outing. (For example: special sensitivity to bee stings or poison ivy; asthma; other physical limitations):
3. If your scout is taking medication, please give it to the designated leader at the outing. Please identify medication and list instructions:
4. Is there any other information that we should have about your Scout; including any dietary considerations?
5. In case of emergency, we can be contacted at (\_\_\_\_)\_\_\_\_\_. We will accept collect phone charges.

6. Health Insurance Information:

Name of insured individuals:	Identification Number:
Health Insurance Company:	Policy/Group Number:

7. Dad /Mom [circle] will drive Scouts:    Yes, to the outing            Yes, back from the outing            No
8. If parent(s) is driving: our car can hold \_\_\_\_\_ scouts [*specify quantity: including your son(s)*]
9. Has the troop been provided your auto insurance information?    Yes            No
10. Dad / Mom [circle] will participate/camp at the outing:    Yes    \_\_\_\_\_ (# of parents)    No

ACTIVITY:

DATE (S) OF EVENT:

I give permission for full participation in BSA programs, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

\_\_\_\_\_

Signature of Father, Mother or Guardian \_\_\_\_\_  
Date

Form checked by: \_\_\_\_\_ Activity Fee paid? \_\_\_\_\_

Notes: \_\_\_\_\_