

Permission Slip for Non Registered Persons Attending Troop 39 Activity

Trip to: _____

Location: _____

Time: _____

General Information: _____

I, _____ (self or child) plan to attend the above outing. I understand that we will be traveling by church buses, personal vehicles or other forms of transportation. I understand that hazards exist and that accidents do happen. I hereby relieve the Scoutmaster, Assistant Scoutmasters, Committee Members, other Troop 39 Leaders and other scout parents, and Matthews United Methodist Church from legal liability of personal injury or accidental death of myself (or child if signing for child under age of 21). I also relieve all drivers of liability on the trip to and from the activity. Furthermore, in case of an emergency, I grant permission for Adult Leaders to render First Aid and for qualified medical personnel to render emergency medical treatment and release them from liability for their actions.

I understand that I will not be covered by Boy Scouts of America or Matthews United Methodist Church insurance (health or liability) during this activity.

I agree to abide by all Boy Scout of America and Troop 39 policies while on the activity. As an adult, I agree to set high standards and set a good example for others. Troop 39 Adult Leaders will have the final decision on all activities and directions on the trip. I will be a part of the group and take part in activities that my health allows. I will stay with the Troop at all times during the outing unless approved with the Scoutmaster or assigned Troop Adult Leader for the trip. If I am a driver, I confirm that I will drive at a reasonable travel speed and otherwise will comply with all applicable driving regulations, maintain insurance consistent with Boy scouts of America guidelines, have a valid driver's license, am over the age of 18 and will not transport Scouts without the expressed consent of an Adult Leader.

I have the following medical condition:

Allergies _____

Allergic to _____

Take the following Medications:

I here by authorize the Adult Leaders of Boy Scout Troop 39 to give consent for emergency medial treatment, on my behalf while participating in this scouting activity. In the event that a surgical procedure is necessary, an effort will be made to contact the people below within a reasonable period of time, and after consideration of the condition of myself and the concurrence of two physicians that it is necessary for the operation to be performed in order to protect my life or a deterioration of my condition, then the Adult Leaders of Troop 39 are further authorized to consent to surgical procedures on my behalf.

Signature of Adult (or parent /guardian)

Date _____

Medical Insurance Company _____ Policy # _____

Group # _____ Name on Policy _____

Contact Name _____ Cell Phone _____

Work Phone _____ Home Phone _____