

Permission Slip

Boy Scout Troop 157

Washington, NJ 07882

I give permission for my son _____ to accompany
Boy Scout Troop 157 from (dates) _____ - _____ to (Destination) _____
_____, under the leadership of _____.

I hereby give permission for my son to participate in this activity. I will have him properly equipped and understand I am responsible for his actions and any expense incurred on his behalf. If, in the judgment of the leadership of Boy Scout Troop 157 it becomes necessary to take my son to a nearby medical facility for diagnosis and or treatment I hereby give my permission. Also I give permission to the medical staff to hospitalize and secure treatment as required. I fully understand that in so doing, I assume full responsibility, including payment of all costs involved.

Special Instructions/allergies/meds _____

Personal Insurance Carrier _____ Policy Number _____

All Scouts and participants will abide by the Rules and Responsibilities of the Troop.

I also agree that if our son fails to follow directions from the adult leadership or causes any unsafe condition for anyone, I will pick up my son in a timely manner once notified. No Questions asked.

BSA Troop 157 and the Leadership Will Not Take Responsibility for Children Who Are Not Boy Scout Registered with Our Troop.

Parent/Guardian Signature _____ Date _____

Address _____ H Phone _____

Cell _____ Emergency contact and number _____

I can drive scouts to the destination I Can drive scouts home
 I can stay and help with activity Sorry; I can not help at this time

Keep This part- Do not return with application

Scout trip to:

Dates

Time of departure

Time of return

Place of departure;

Return to designated leader prior to departure

Cell # Jim Chrisafis 908-892-5943 Ted Frater 908-283-3719 Mike Stewart 908-619-3355