

PERMISSION FORM
Boy Scouts of America, Troop 54
Petersburg, IL

Dear Parent or Guardian

This form is required for all Troop 54 trips. No boy may go on a trip without providing this form prior to travel. The Assistant Scoutmasters and I will do everything in our power to protect your son. Two adults will be present at all activities. At least one trained adult will be present on all trips

Sincerely,

Michael Meador
ASM, Troop 54

I hereby give permission for my son to be transported, including travel outside the State of Illinois, by the Scoutmaster, or his designee, from Petersburg, IL to:

Scout's Name _____
Trip Destination _____
Permission is valid for (Dates) _____
Scout's Address _____
Home Phone # _____
Emergency Phone # _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip and officers, agents and representatives of the Boy Scouts of America.

MEDICAL INFORMATION

Check any and all that apply:

- Allergy to a medicine, food, plant, animal, insect or toxin
 Any conditions that may require special care, medication or diet
 ADD/ADHD
 Asthma Convulsions Heart Trouble Contact Lenses Diabetes
 Fainting Spells Bleeding Disorders

Limitations of physical activity:

MEDICAL EMERGENCY

In case of accident, injury or illness while participating in Troop activities, I hereby give my permission to the doctor selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications. .

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

Relationship: _____

Revised 10/29/07