

Name of Scout (last, first) : _____

Parent name: _____

cell phone: _____ Home phone: _____ other: _____



Troop 157

Boy Scouts of America

Chartered to American Legion Post 221, Niceville, FL.

Permission to Participate in Scouting Activities

Overall Troop Activities

1. The above named individual has my permission to participate in all activities of Niceville FL, Boy Scout Troop 157, Choctawhatchee District, Gulf Coast Council, Boy Scouts of America. This is to include but not limited to all: summer camps, campouts, outings, hikes, canoe trips, swims, fundraisers or any other functions while under the supervision of Troop 157 volunteer leaders. He is also fully capable of participating in all activities unless specified elsewhere on this document.
2. 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 reasonable precaution will be taken to ensure the safety and well-being of my son, I hereby agree to his full active participation in the total Troop 157 activity program.
3. On behalf of myself and my minor child, I release, agree to hold harmless, and waive all claims, liability, and expenses against the leaders of this Troop and officers, agents, and representatives of the Boy Scouts of America and American Legion Post 221 arising from my child's use of or participation in the facilities, programs and activities of Troop 157, except as provided in our Troop's basic insurance coverage as provided by Gulf Coast Council.

Consent for First Aid

1. I understand that the volunteer Troop leaders and parent volunteers may from time to time perform simple first aid procedures in the event of minor injury or illness of my child. This is to include giving the above named individual Tylenol, Ibuprofen, Aspirin, or various topical ointments for headaches and common aches & pains including contact with plants or insects.
2. In case of major accident, injury, or illness requiring emergency medical care, I authorize volunteer Troop leaders and parent volunteers to secure for my child any necessary and available medical treatment.

Photography/Information Consent

1. Photographs are often taken at Troop activities. I give my permission for my child's photograph to be used in the Troop's web site and in local newspaper articles, in accordance with the Troop's privacy policy.
2. I give permission for our name, address, phone numbers, e-mail address, etc., to be distributed to Troop members and leaders listed in the Troop roster.

Activity Limitations

• My child may not participate in the following activities. List limitations: _____

Allergies

• My child has known allergies. List allergies: _____

Prescription Medicine

• My child takes prescription medication. I understand that my child's medication is ultimately my responsibility. I will provide any required prescription medication in its original container (with printed instructions) to the adult trip leader before each trip.

List medication: _____

Emergency Contact Information: If applicable, person other than parent to contact in case of emergency:

Name: _____ Phone: _____

Address: _____

Parent/Guardian Agreement:

By signing I have read this permission slip, understand the contents, and I agree to be legally bound by its terms. Any exceptions to this blanket permission, or any health changes (including emergency contacts), are the express responsibility of the parent or guardian. I understand that I may revoke or amend this permission at any time by submitting a written statement to the Troop Scoutmaster. Further explanations may be listed on the back.

Name (printed): _____

Address: _____

| | | |
|------|------------------|-------------|
| 2016 | Signature: _____ | Date: _____ |
| 2017 | Signature: _____ | Date: _____ |
| 2018 | Signature: _____ | Date: _____ |
| 2019 | Signature: _____ | Date: _____ |

2020 Signature: _____ Date: _____