

**ST. JOHN NEUMANN KNIGHTS OF COLUMBUS – COUNCIL #7343
BOY SCOUTS OF AMERICA – TROOP 12
Permission Slip**

I, _____, do hereby give my permission to allow my son,
 _____,
 (Parent's Name) _____ to attend the _____
 _____ (Scout's Name) _____ (Activity)
 Scouting activity. I understand that BSA TROOP 12 is expecting this activity to start at _____AM/PM on
 _____, 200____; leaving from St. John Neumann Church and should end at _____AM/PM on
 _____, _____ 200____, arriving back at St. John Neumann Church.

In consideration of the benefits to be derived from participation in the above described activity, I/we waive voluntarily any claim against the local Council or the National Council, the chartered Unit, its chartered institution and all leaders of the Boy Scouts of America for any and all causes which may arise in connection with the activities of the above named organizations.

Parent's Signature: _____ Date: _____

SCOUT RESPONSIBILITY

I, _____, do hereby acknowledge my responsibility to conduct

 (Scout's Name)
 my self in a manner conducive to the advancement of the Scout Oath, Scout Motto, obedience of the Scout Law and Troop 12 policy. I understand that misconduct, failing to obey the directions of those placed in charge of me, use of alcohol or drugs, could result in my expulsion from this activity. I do also promise by making this application, to fulfill my financial obligation for this activity, even if unable to attend.

Scout's signature: _____ Date: _____

EMERGENCY INFORMATION

In case of emergency, please notify:
 Name: _____ Relationship: _____
 Address: _____ City & State: _____
 Phone: _____ Other: _____

If unable to contact the above mentioned individual, please notify:
 Name: _____ Relationship: _____
 Address: _____ City & State: _____
 Phone: _____ Other: _____

This is to further grant permission to the director in charge to hospitalize my/our son or ward and to authorize one or more licensed physicians to attend him in case of illness or accident should such service become necessary.

Insurance Policy Carrier: _____ Policy Number: _____

Parent Signature: _____ Date: _____

NOTE: If the Scout has to take any medication during the outing, please list the type and dosage on the Medication Form and turn in medication and form to one of the Scoutmasters or adult leader in charge.

Medication Form

Scout's Name: _____

Name of Medication	Dosage	When to administer
Example: <i>Amoxicillin</i>	<i>1 tablet</i>	<i>At breakfast, lunch & dinner OR 3 times a day (if time does not matter.)</i>

Parent Signature: _____

Date: _____

Please provide below any other details related to this scout taking medication or any other medical conditions (e.g. Bee allergies, Can't take aspirin.) Use the back of this page if necessary.