

**Medical Release Form and Permission Slip
Boy Scouts of America – Troop 413**

As the parent or legal guardian of _____ I hereby give my permission for him to participate in an outing with Troop 413.

Date of outing: **01-20-2006 thru 01-22-2006**

Location: **Camp Grimes, Marion NC**

Time/Place of Departure: **3:30 Christ Covenant Church Friday Jan 20, 2006**

Time/Place of Return: **Approximately 2:30 PM on Sunday Jan 22, 2006. We will call as soon as possible if this time changes.**

Cost of the trip: \$10.00 for food and \$8.50 for shotgun shooting

Medications taken on this trip: _____

Pertinent medical information (allergies, limitations, etc.):

Further, I give permission to the leaders of Troop 413 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.
(name)

Signed: _____ **Date:** ____/____/____.
(Parent or Guardian)

Please print name(s) of parent or guardian to be contacted:
