

# SCOUTING AMERICA TROOP 243 PERMISSION FORM

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 243.

**Activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Drop off Time:** \_\_\_\_\_

**Drop Off Date and Site:** \_\_\_\_\_

**Pick up Time:** Calls will go out from scouts with a time

**Pick Up Date and Site:** \_\_\_\_\_

I understand that all participation in scouting activities is voluntary and involves a certain degree of risk normally associated with the outdoors such as camping outdoors in tents, camping indoors, camping in sub-32-degree temperatures, cooking outdoors, swimming, lighting and sitting near a campfire, and related outside activities including physical, mental, and emotional demands. This specific outing includes additional risks specifically associated with \_\_\_\_\_ include the following

\_\_\_\_\_ I also understand the risks involved related to transportation via the troop bus, an adult leader's car, a Troop 243 parent's car, or the car of another adult driving their personal vehicle in support of this trip and do not hold them responsible for any accidents that may occur. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Scouting of America, Lincoln Heritage Council, Buffalo Trails District, Troop 243, St. John Paul II parish, The Roman Catholic Archdiocese of Louisville, the activity coordinators, all employees, volunteers, related parties, other scouts, or other organizations associated with the activity from all claims of liability arising out of unintentional injuries or infections spread during this participation. None of the above entities will be held liable for any medical treatments that are recommended by a qualified medical professional in an emergency or undertaken by adult attendees.

I approve the sharing of the information on this form and other SA medical forms with SA volunteers and professionals who need to know medical situations that might require special consideration for the safe conducting of scouting activities.

In case of an emergency involving my child, or me, I understand that every effort will be made to contact the individual listed as the emergency contact person. If this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child or me. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

If my scout takes any medication on a regular basis, I understand that it is my responsibility to keep Troop 243's records current. I acknowledge that I have complied with SA's requirement to submit required medical forms that are no more than 1 year old with said current information. I specifically confirm to Troop 243 and all the entities above that all vaccination, medical insurance and pertinent health information submitted to Troop 243 is current and the above-mentioned entities will not be liable for any treatment or charges that might be incorrect or unwanted due to incorrect or expired information I have given to Troop 243. I am responsible for noting any medication that my scout takes on a limited basis on a per trip medication form.

I, the parent/guardian of the above-named scout, understand that in case of required disciplinary action, determined by an adult leader on site, I will be called to come get the above-named scout. **I also commit that I will come get my scout if called regardless of the distance of the trip or time of day.** No refund of money owed or paid will be provided. I also acknowledge that no electronics are allowed on any camp out unless specified by the troop leadership. Any electronic device brought on an outing is subject to confiscation. If electronics are confiscated neither the troop nor any adult accompanying the troop will be responsible for the loss or damage to that device.

The total cost for this outing is \$      **Per Scout**. Any parent or guardian who feels that this cost or any miscellaneous cost is a barrier to their scout attending this or any activity, please contact John Hamilton at 502-693-1544 for a private conversation related to financial assistance resources that are available to Troop 243 members. No troop 243 scout will be denied participation in a Troop 243 activity for financial reasons.

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

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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(Tear off and keep the bottom of this form)

What:

Where:

**Depart: Scout garage Time: Listen during This Coming Troop Meeting**

**Date: XX/XX/XX**

Return: Scout Garage - Calls will go out from scouts with a time

**Date: XX/XX/XX**

Emergency Contact: Listen during This Coming Troop Meeting