PERMISSION SLIP MUST BE RECEIVED BY May 20, 2013

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this minor to participate in the Scouting event listed below with Troop 108.

Event Patrol Base Campout **Activity type** Second Class and below for Rank Adv.

Location ASC Greenway, Fort Mill SC

Departure Saturday June 1st, 9:00 am drop off at Rush Pavilion

Return Sunday June 2nd, 12:30 pick up at Rush Pavilion

Cost $15.00

**** The leaders of Troop 108 respectfully ask that you be on time to the designated drop off location and return location. These Leaders spend a great amount of time and effort for the Troop and appreciate this courtesy.***

I understand that participation in Scouting activities involves a certain amount of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities are entirely voluntary and requires all participants to abide by all applicable rules and standards of conduct. I release the Boys Scouts of America, the local Council, activity coordinators, all employees, volunteers, related parties or other organizations associated with this activity from any and all claims or liability arising out of this participation.

I approve the sharing of information on this form with Boy Scouts of America volunteers who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving myself or my child, I understand that every effort will be made to contact the individual listed as the emergency contact on this form. In the event that 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 me or my child. Medical providers are authorized to disclose the adult leader in charge examination findings, test results and treatment provided for the purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or legal guardian, and / or determination of the participant's ability to continue in the program activities.

Please list any medications and frequency of use this participant will be taking on this activity		
Medicine name	Frequency of use	Any additional information we may need

**** All medication will stay in the possession of one of the Troop leaders at all times****
Exceptions will be made for inhalers, epi pens, etc as required and approved by the Troop.

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

If I cannot be reached, please contact _____ at _____

Signed: _____ **Date:** _____

(Parent or Legal Guardian)