

**Troop 330 BOY SCOUTS OF AMERICA
CAMPING/OUTING PERMISSION SLIP**

Nature of Troop Activity: Camping Hiking Canoeing Community Service

Scout: _____

Location of Troop Activity: _____

Depart From: _____

Return To: _____

Item	Cost
Food Charge	\$
Camping Fees	\$
Activity Fee	\$
Driver Fuel Charge*	\$
Total	\$

*Driver fuel charge will be determined for each outing based on number of scouts traveling, who is driving and distance.

RSVP: Return this permission slip signed by your parent or guardian to Ms. Carol Brandvolt, Troop 330 Finance Chairperson with payment-in-full

Payment method: Scout Account: \$ _____ Cash \$ _____ Check \$ _____

Due Date: One Week Prior to the Monday before the Departure Date

Trip Organizer: Troop 330 Patrol Leader's Council

Parental Permission for their son to participate:

I, _____, give my son, _____, permission to participate in BSA Troop 330 to participate in the above-mentioned Troop activity. I will update the Scoutmasters of any and all health information and medication (see below). I understand that every reasonable precaution will be taken to ensure the safety and well-being of my son/ward on this activity. I authorize the adult in charge of this activity to enforce the policies of the Boy Scouts of America and those of Troop 330. I hereby release and discharge Troop 330, the uniformed and non-uniformed leaders of Troop 330, the Troop 330 Committee Chair and its members, adults that furnish transportation, the chartering organization, and all participating adults in the above stated activity, all agents or representatives of the Boy Scouts of America from all actions, claims or demands I and/or my spouse or other legal guardian now have or hereafter have as a result of the participation of our son/ward in the above stated activity.

I understand that all Electronic personal entertainment devices (iPods, Gameboys, DVD players, Laptops, etc.) are incompatible with troop trips and therefore are not permitted. The only general exception is use while traveling to and from the event, although this is discouraged. In any event the Troop assumes no responsibility for valuable personal property and makes no provisions for their safe keeping. Be smart, leave them at home.

Cancellation Fees:

If my scout cancels after reserving a spot(s) on this outing he is still responsible for his portion of the costs incurred (ie. Camp Fees, food, reservation fees, Driver's Fuel Allowance). The costs incurred will be deducted from his scout credits if available or he will be billed by the Troop.

Special Medical Conditions:

I certify that any and all known medical conditions, allergies, food allergies and special needs have been disclosed to the Troop Committee, Scoutmaster and fully disclosed on the BSA

Medical Form provided by you. **If your son has significant food allergies, we highly recommend that you furnish him with his own food for the trip.** The Troop cannot guarantee that your son will not be exposed to such items as flour, nuts, milk or other common food items.

Medical Emergencies:

While the troop is away, I can be reached at _____. In the event I cannot be reached and emergency medical treatment is required, you have my permission to authorize medical authorities to take any action, which may be needed and transport my son to the nearest hospital if medically necessary. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Troop 330 Adult Leader in Charge to secure the best available and expedient treatment, including hospitalization, anesthesia, surgery, or injections of medications for my son. Additionally, please contact: _____.

Signature: _____ **Date:** _____ **Phone:** _____

Alternate Contact Relationship Phone: _____

Alternate Contact Relationship Phone: _____

Adult Driver / Participant _____

Driver's Cell Phone _____

Please indicate whether you will attend the event: Yes No

Will You Provide Transportation to the event: Yes No

All BSA drivers MUST BE AT LEAST 18 YEARS OLD. If you will transport scouts, you will receive a Fuel Allowance for trips greater than 25 miles from the embarkation point. **Please remember that all automobile expenses for Scouting is tax deductible at \$0.14 per mile.** Please provide the following information. If you have previously provided the information, indicate change or indicate that the information is "ON FILE". (Required by BSA)

Year, make and model of vehicle: _____

Number of Seat Belts (including driver): _____

Vehicle owner's name: _____

Driver's license number: _____

Insurance Coverage: (Required by BSA)

Insurance company

Each Person \$ _____ **Each Accident \$** _____ **Property \$** _____