

**BOY SCOUTS OF AMERICA
TROOP 408
405 S. Rush St.
Roselle, IL 60172**



Boy Scout Troop 408 Outings Permission Form

**Feed My Starving Children
February 27, 2017
5:45pm-7:30pm
1072 National Parkway - Schaumburg**

Scout _____ has my permission to participate in this outing.

My Scout may take part in all activities, **EXCEPT**:

During the outing he will be required to take the following medication:

Follow these specific instructions for administering this medication:

All medications will be entrusted to The Scout Leader in charge of this outing. In case of an emergency (and I cannot be reached) permission is hereby given to the attending physician to hospitalize and secure proper emergency treatment for my son.

As of this date, I give my consent and permission for an adult Scout Leader of Boy Scout Troop 408, Roselle, IL, to act on my behalf in approving and arranging emergency care and treatment for my son, _____ . I understand that the hospital, doctors, and Troop Leaders will make all reasonable efforts to locate me as soon as possible, at the listed notification number. This effort should not delay provisions of any care needed by my son.

My son, _____ has my permission to accompany members of BSA Troop 408 on any bona fide Scout activity or outing. In consideration of the benefits realized by him from this experience, I waive all claims against all leaders of Troop 408, its sponsoring institution, and the Boy Scouts of America as to the responsibility for mishaps and injuries incurred by my son.

Signed: _____ **Date:** _____

I _____ will be joining my son on this outing.

Home Phone #: _____

Cell Phone #: _____