

Permission Slip for Scout Attendance

Proposed Activity:

Date of Activity:

Scouts Name: _____ **Parent/Guardian:** _____

Troop # 50, Shrewsbury, New Jersey 07702

1. I, the undersigned, give my son, named above, permission to attend the activity outlined above and its affiliated activities. I give him permission to fully participate in all programs. I understand that in order to attend he must submit this permission slip and accompanying medical form completed correctly (if not currently on file with Troop 50). I understand that the medical form must be signed and completed by a physician indicating that the camper has undergone a physical in the past 12 months.

2. I give permission to the leaders of Troop 50 or personnel selected by the leader in charge, to render First Aid, should the need arise. I understand that in the event of an illness or injury in the course of programs, every effort will be made to contact me. If in the event I can't be reached, or in the event of an emergency, I also give permission to the physician or dentist, selected by the adult leader in charge, to provide, dental or surgical diagnosis or treatment, hospital care, anesthesia, surgery, order injection, administration of medicine, X-Ray examination, diagnostic testing, or secure other medical or dental treatment, as needed for my son.

3. I understand that my son may be eligible to participate in a variety of special programs. I hereby give permission for his participation in any of these programs. These activities can include, but are not limited to, mountain bicycle rides, backpacking treks, rock climbing, rafting, wilderness camping, sport competitions, rifle shooting, and horse riding. I understand that he needs to be in adequate physical condition for participation in these activities

4. I do hereby grant permission for the use of pictures, video or likeness of my son, taken during the activity, to be used for promotional purposes.

5. I further agree to hold harmless the above named unit(s) and their respective agents and volunteer leaders, from any and all liability arising from accident or any cause whatsoever during the referenced activity, including but not limited to any mishap associated with transportation to, from, or during, this activity except for clear acts of negligence or non-adherence to BSA policies and guidelines.

I have carefully read and understand all sections of this permission slip.

Allergies: _____

Medications: _____

Restrictions: _____

Special Instructions: _____

Home Phone: _____ Cell: _____ Pager: _____

In case of emergency contact: _____ Phone: _____

Signed: _____ Date: _____

Received by: _____ Date: _____

This form must be completed in full and cannot be electronically signed

Signing this form also indicates that you fully understand and have read the troop's policies and you and your son agree to adhere to them. It is expected that all of our Scouts will do their best to: 1) live up to the Scout Oath and Law and the Outdoor Code; and 2) participate in the Scouting program offered by the Troop. The Scoutmasters and the Troop Committee, reserves the right to apply appropriate discipline (within the guidelines of National BSA policy) if the behavioral situation warrants it. This may include a parent picking the scout up from an activity, no matter where the troop is. At all times the Guide to Safe Scouting and the Youth Protection Guidelines will be followed.

MEDICINE AUTHORIZATION

I, _____, parent or guardian of _____, hereby authorize the adult leaders in charge to dispense the following *non-prescription medicine* to my son on all outings of the troop in which he may participate. Although specific brands are listed we reserve the right to substitute brands or equivalent generic. By authorizing the dispensing of these *non-prescription medicines* does not guarantee that we will have them immediately available for your son. If your son is having a problem he needs to immediately notify an Adult Leader.

Yes No Description (no check mark constitutes a NO)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol — dispensed as written on label for headaches, muscle aches, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Immodium or Kaopectate chewable or liquid dispensed per the manufacturer label for the age of the youth for treatment of diarrhea. This medication will not continue to be dispensed if symptoms persist for more than 24 hours, if symptoms are accompanied by other abdominal pain, or excessive tenderness in the abdomen. |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil or Motrin – dispensed as written on label for headaches, muscle aches, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Aspirin – dispensed as written on label for headaches, muscle aches, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums or Gas-X — dispensed per manufacturer label for indigestion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Benadryl — dispensed as written on label for stings by an insect (wasp, bee, etc.) and when youth has NO listed (on Class I, II, or III BSA health forms) record of allergic reaction. This may also be administered if the boy has an <i>allergy-type</i> attack and parent has not provided specific medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical Antibiotic Ointment — Neosporin with sulfa or Polysporin and/or Bacitracin Zinc (without sulfa) for application on minor cuts and abrasions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical Steriod Cream (Hydrocortisone , Cortaid , or Lanacort) for application on skin reactions. |
| <input type="checkbox"/> | <input type="checkbox"/> | DEET – Insect repellent – dispensed as needed per lable for youths to prevent insect bites. |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-medicated Cough Drops or Sore Throat Lozenges or Cough/Cold Elixer with/without menthol. |

PLEASE NOTE: this form is not intended to replace the Boy Scout required consent to treat forms. Instead, it is intended to advise you, the parent or guardian, that these non-prescription medicines may be administered to your son. Your signature below is your acceptance of these conditions and dosages whereby the medication might be administered.

In the event these medications are NOT acceptable for your child, you, as parent ACCEPT complete Responsibility for and will provide all substitute medication for your child and complete the **Troop 50 Permission Slip Medications section** outlining dosage of these substitute medications before each activity in which your child participates.

I have read the criteria above and understand.

_____ Date: _____
Signature of parent or guardian

_____ please print your name here