

Troop 310, Boy Scouts of America

Parental Permission and Medical Release Form

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to insure the safety and well being of my son(s)/ward(s) during this activity/trip, I hereby agree to his/their participation and waive all claims against the leaders of this activity/trip and the officers, agents, and representatives of the Boy Scouts of America.

In addition, I hereby grant the leaders and representatives of the Boy Scouts of America permission to arrange for any and all medical assistance or treatment deemed necessary for my son(s)/ward(s). I understand that I will be contacted as soon as possible in the event of any situation requiring medical attention.

EVENT:

Parental and Emergency Contact Information

Name of Scout: _____

Address of Scout: _____

Home Phone () _____

Emergency Contact Person (You Must Provide Name): _____

Emergency Phone (You Must Provide): () _____

Parental Agreement to Assist in Transportation*

[] I will drive **BOTH WAYS** and **STAY** (males only)/**NOT STAY** the weekend

[] I will drive **ONE WAY GOING TO DESTINATION**

[] I will drive **ONE WAY RETURNING HOME FROM DESTINATION**

[] I do not drive or have access to a vehicle.

***Parents please note: without your help, we cannot succeed in getting boys to camp. If there is a shortage of drivers, priority will be given to those whose families assist us.**

Severe shortages of drivers may result in cancellation of event..... So Please Volunteer!

Parental Consent

I hereby grant my son permission to attend this event and have indicated my driving preference.

Parent/ Guardian Signature: _____