

TROOP 55 CAMP PERMISSION SLIP

I give permission for my son _____ to go on the _____ campout with Troop 55.

During the outing I can be reached by phone at _____ or _____. If I cannot be reached, the following person(s) can be reached during the event and may act on my behalf.

Contact: _____ Phone: _____.

I understand and give my permission for any medical treatment that is necessary, my son may be hospitalized and/or treated by a Health Care Provider or Physician selected by the group leader as required by the injury or emergency setting.
Every effort will be made to contact me as soon as possible

(Parent or guardian signature) (Date)

PATROL NAME _____
SPECIAL PHYSICAL NEEDS _____
SPECIAL DIETARY NEEDS _____

PARENTS WE NEED YOUR HELP PLEASE

I can go on the campout YES _____ NO _____
I can drive scouts to the campout Yes _____ No _____ How many? _____
I can return scouts from the campout Yes _____ No _____ How many? _____
I can pull the trailer to and from the campout Yes _____ No _____

Authorization for Release of Health Information

I, _____, the parent/legal guardian of _____, hereby authorize any doctor or hospital treating the Scout while he is participating in a Troop 55 function to discuss and release information regarding such treatment or follow-up care to any of the following representatives of the Boy Scouts of America, Troop 55:

1. Troop 55 Scoutmaster
2. Troop 55 Outing Leader
3. Troop 55 Adult I specify _____.

This authorization will remain in effect until the scouts return from the campout.

Signature of Parent/Legal Guardian Date

Address: _____

City, State, Zip: _____

Phone # _____