

# BSA Troop 172 Permission Slip

(Parents keep top part for records)

## Troop 172 Campout

Arrive at Peace Lutheran at 6:30 pm Friday

Pick up: Peace Lutheran Sunday 12:00 noon

Cost: \$

Due by:

Location:

Additional Money:

If you need to contact your Scout, and only in case of an emergency, call: Larry Jantzen, Scoutmaster at (512)-587-5334

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### Waiver of Responsibility Troop 172 - Boy Scout of America

Chartered Organization: Peace Lutheran Church

#### ACTIVITY/DATES:

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son/ward, namely: \_\_\_\_\_ on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the chartered organization.

In the event of an emergency, the troop adult leaders of this activity have my permission to obtain medical treatment for my Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop 172.

\_\_\_\_\_  
(Signature of parent or guardian and date)

During the activity listed above, I can be contacted at the following phone numbers. I agree to accept long distance collect calls.

( ) \_\_\_\_\_; ( ) \_\_\_\_\_

### Troop 172 Medication Administration

I \_\_\_\_\_ give my permission for the adult leaders of Troop 172 to administer the following  
(name of parent/guardian please print)

over the counter medications to my son, \_\_\_\_\_ (acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant, throat lozenges, motion sickness medication, antacid, anti-nausea, anti-diarrhea, milk of magnesia, antibiotic ointment, anti-itch cream) as needed while attending this scout function. I have crossed out, or specified, any medications I do not want administered to him.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date of signature)

List the medications (prescription or over the counter) the camper will require while at camp. Indicate name of medication, dose, and times medication is to be given and any special instructions. Will the scout or an adult scouter carry the medication?

Medication	Dose/When	Carried by (Adult or scout)

Indicate any special instructions, conditions, problems, or limitations the adult leaders need to be aware of:

\_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Food Allergies \_\_\_\_\_