

BSA Troop 325 Parent's Permission

Description of outing: _____

Date of event: _____

My son, _____ has permission to participate with Boy Scout troop 325 in the
_____ (outing/campout) at _____

The trip will depart the OLOL parking lot at _____ AM/PM _____ (date) and return to OLOL
parking lot around
at _____ AM/PM _____ (date)

I can be reached by calling _____ during the event.

If for any reason you cannot reach me there, call _____ @ _____

I understand that my son will be driven by the scout leaders or other parents in their vehicles. I hereby hold BSA, the scout leaders and the parents assisting harmless for any injuries,

I hereby authorize and give consent to leaders of the event to obtain and provide medical treatment and services as are deemed necessary. If necessary I wish my son to be taken to _____ hospital.

My insurance policy is with _____

Policy number _____

Parent's signature _____

Date _____