Troop 171
Boy Scouts of America
Chartered By Otterbein United Methodist Church

Activity Permission Slip

Scout Name: _____

As the parent or legal guardian of the above named Scout, I hereby give my permission for this child to participate in an outing with Boy Scout Troop 171.

			Location
Departure Time:	_____	Date: _____	Leave _____
Return Time:	_____	Date: _____	Leave _____

Activity: _____
Activity Cost: _____ Per person
Payment Due On: _____
Payable To: Troop 171

I hereby give permission to the leaders of the above unit to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection or secure other medical treatment, as needed.

I hereby give permission to the leaders/and or parents of the above unit to transport my son to and from the above activity.

I further agree to hold the above named unit and its leader blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Doctor Information:
Name: _____
Address: _____
Telephone: _____

Dentist Information:
Name: _____
Address: _____
Telephone: _____

Medical Insurance Information:
Subscriber Name: _____
Insurance Company: _____
Policy / Group Number: _____

In case of emergency, I can be reached by phone at _____ or by phone at _____

If I cannot be reached, please contact _____ at _____

Parent/Guardian Agreement
I have read this permission slip, understand the contents, and I agree to be legally bound by its terms.

_____ _____
Signature of Parent or Guardian Date

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Outing Medication Slip

Scout Name: _____

Prescription Medications:

Name of Medicine: _____
Dosage: _____
Directions for Use: _____
Possible Side Effects: _____
Amount / Number Sent: _____
Amount / Number Returned: (Completed by Outing Leader) _____

Name of Medicine: _____
Dosage: _____
Directions for Use: _____
Possible Side Effects: _____
Amount / Number Sent: _____
Amount / Number Returned: (Completed by Outing Leader) _____

Over-the-Counter medications: (ie. Tylenol, Ibuprofen, Benadryl, Cough Drops, etc.)

Name of Medicine: _____
Dosage: _____
Directions for Use: _____
Amount / Number Sent: _____
Amount / Number Returned: (Completed by Outing Leader) _____

Name of Medicine: _____
Dosage: _____
Directions for Use: _____
Amount / Number Sent: _____
Amount / Number Returned: (Completed by Outing Leader) _____

To be completed by the adult leader(s) responsible to administer the medication. Fill in date, time, and initial whenever medication is administered.

Date	Time	Initial	Date	Time	Initial	Date	Time	Initial

Parent/Guardian Agreement
I give permission to the adult volunteer leaders of the above named unit to administer any or all of the medications listed above to my child as indicated by this form.

_____ _____
Signature of Parent or Guardian Date