ACTIVITY PERMISSION SLIP AND/OR WAIVER OF RESPONSIBILITY

Activity Name:			Scout/Youth's Name:		
Activity Location:			Scoutmaster in Charge:		
Depart Date:	Depart Time:	am/pm	Depart Location:		
Return Date:	Return Time:	am/pm	Return Location:		
Scout's Food Fee: \$	Paid on:/_	/	Scout's Camp Fee: \$	Paid on:	
TROOP SUPPORT:			(*Activity Permission Slip Add	dendum May Be Sul	ostituted for this section)
I can help transport Scouts to and	d/or from this activ	ity: <i>TO</i> : Yes ☐] No ☐ <i>FROM</i> : Yes ☐ No [
Fill out the following section if you are insurance information within the last y				e event and you l	have not updated your
# Seat belts:			Public Liability Coverage		
Vehicle: /	Ins. Coname		Coverage:// Per Person/Per Accident/Prop. Dmg Minimum: 50,000 / 100,000 / 50,000	DL: state	number
PARTICIPATION WAIVER for the yout membership in which is voluntary, and activity, I agree to their participation and BSA, the sponsor, Thurmont Lions Club has met the standards set in place by S	I having full confidence d waive all claims aga o and any and all asso	ce that every pred inst the leaders o	caution will be taken to ensure the sa f Troop 270, parent volunteers, officers	afety and well-beir s, agents, and rep	ng of my youth on this resentatives of Scouts,
Upon an emergency, illness, or acciden reached in a timely manner, the troop medical personnel dictates. Proper medical	or unit leader in char	ge of the activity	has my permission to obtain, without	delay, medical trea	atment as judgment of
I also give permission for my youth's n privacy/website policy. Furthermore, I not use my youth's last name.					
Signature of Parent/Guardian:				Date:	/
Printed Name of Parent/Guardian	1:				
EMERGENCY INFORMATION:	Required update for Tro	op Health and Med	ical records – complete before each activi	ity.)	
During this activity, I/we can be	contacted at the f	ollowing numb	ers: () or ()	If I cannot be
reached by phone, contact			_ at Relatio	onship to youth:	:
My son/daughter's physician is: _				Phone: ()
Known allergies are:					
Medications:					
(All medications must Do you want the Scoutmaster in	be in their original concentry this	ontainers with So s medication:	cout name, medication name and do Yes No (Write special i	sage instructions Instructions on l	on it.) back of this paper.)
Date of last tetanus shot or boost	er://_	·	, ,		,
For use by Troop Scribe, Outdoor	Activities Chair and	l Scoutbook Re	cords Keeper		
Frost Points: Miles:	_	ked ☐ Backpa	icked Swam		Service Hours:
☐ Scout Attended Activity: ☐] Wolverines Patro	ol 🔲 USA Pa	trol Howling Wolves Patrol		
□ Recorded in Sco	utbook 🗆 Recor	rded in Nationa	I Camping Award Spreadsheet	□ Recorded	hy Scribe