

**BSA TROOP 17-DENVILLE, NJ
ACTIVITY PERMISSION FORM**

Permission is granted for our son _____ to participate in the
_____ trip.

Please hand in this permission form along with a copy of your most recent BSA medical form when you register for the trip.

The medical form should be the most recent Annual Health and Medical Record. I must be updated annually. A blank form is available at the Patriot's Path Council office (973) 765-9322.

NOTE: YOU MUST HAVE BOTH THIS PERMISSION FORM AND THE MEDICAL FORM ON FILE TO SIGN UP.

My son can attend the entire trip. _____

My son can only attend part of the weekend – from (when) _____ to (when) _____

Does your son have any allergy, medical condition or medication that warrants notification?

Yes _____ No _____ If yes, please explain: _____

I understand that all Scouting activities are conducted in the spirit of the Scout Oath and Scout Law. A Scout who in the opinion of the Troop leadership, does not live up to these principals may be requested to call his parents and have them bring him home.

As the parent/guardian of the above Scout, I understand that my son will be attending this scheduled activity with my full knowledge and permission. He may participate in all activities programmed except as I may stipulate to the leaders in charge.

Further if in the judgment of the Scout Leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so.

I give my full permission for my son to participate in all activities except as I may have excluded in writing, and give my full permission to the medical attendant in charge to hospitalize, secure anesthesia, or order injections or surgery for my son should the need arise. I as parent/guardian will assume full responsibility for such arrangements including payment of expenses incurred and hold harmless the Patriot's Path Council, Inc, its servants, agents or employees as well as BSA Troop 17-Denville and its servants, agents or employees from any and all with respect hereto.

Parent/Guardian Signature: _____ Date: _____

Important: Phone numbers where parent/guardian can be reach over the duration of the camping trip:

Primary (____) _____ - _____ Alternates (____) _____ - _____ (____) _____ - _____