



# Boy Scouts of America Troop201 Ozark, MO.

## Individual Trip Permission Slip

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Scout's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Medications taken or Allergic reactions: \_\_\_\_\_

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*I, THE UNDERSIGNED, GIVE MY PERMISSION TO THE LEADERS OF BSA TROOP201 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 ANESTHESIA, ORDER INJECTION OR SECURE OTHER MEDICAL TREATMENT AS NEEDED. I FURTHER AGREE TO HOLD THE ABOVE NAMED UNIT AND ITS LEADERS BLAMELESS FOR ANY ACCIDENTS THAT MIGHT OCCUR DURING THIS OUTING, EXCEPT FOR CLEAR ACTS OF NEGLIGENCE OR NON-ADHERENCE TO **BSA** POLICIES AND GUIDELINES.*

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*Parent or Legal Guardian*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

