

BSA Troop 392 Outings / Activities Permission Form

Scout's Information:

_____	_____	_____
(last name)	(first name)	(middle name)

(address)		

(city, state, zip)		_____
		(home telephone)
Scout's Doctor :	_____	Insurance number: _____
Address:	_____	Policy number: _____
Phone:	_____	

Parent's Information

Mother:	Father:	Other:
_____	_____	_____
(name)	(name)	(name)

(address, if different from Scout's)		

(city, state, zip code)		

(home phone, if different from Scout's)		

(work phone)		

(cellular phone)		

I grant permission for _____ to attend BSA Troop 392 outings and activities in accordance with all policies set forth by the Boy Scout's of America and Troop 392.

I grant my permission for a registered adult leader(s) to obtain immediate medical treatment for my child in the event that my child becomes sick or injured during an outing or activity.

I agree to pick my child up from the location of any outing or activity in the event that the registered adult leader(s) at this event deem that my child is uncontrollable and refuses to respect the authority of the registered adult leaders.

I agree to pick my child up at the designated Troop return location at the specified time. Failure to do so will result in:

- 1- Registered adult leaders will attempt to contact the parents and other person listed above by telephone
- 2- One hour past the specified return time, the child will accompany one or more registered adult leader(s) home.
- 3- Two hours past the specified return time, Wake County Human Services (Child Neglect section) will be contacted and arrangements will be made to turn the child over to their care and supervision.

	<u>Parent's Signature</u>	<u>Date</u>
1st year:	_____	_____
2nd year:	_____	_____
3rd year:	_____	_____

* This form must be reviewed, signed, and dated by parents annually (three years maximum)