

BSA Troop 993

Permission/Consent to Treat

BASTROP CAMPING & HIKING

My son, _____, has my permission to attend and participate with Troop 993 to Bastrop State Park on February 19-21st, 2010. Participating scouts and leaders will meet at Ashford United Methodist Church (AUMC) at **5:00 pm Friday** and will return to AUMC at approximately **1:30 pm Sunday** .

I consent to the participation of my son in the above and related activities, specifically hiking and camping at Bastrop State Park except for the following:

_____ I hereby waive all claims against Troop 993, the Boy Scouts of America, Ashford United Methodist Church, the leaders of this trip, and their respective officers, agents, and representatives.

In the event that my son requires medical attention or treatment, emergency or otherwise, my signature on this form shall constitute my authorization for the administration of such medical treatment as the doctor in charge deems necessary or appropriate for the benefit, safety, health, or well-being of my son, including without limitation, transportation by emergency vehicle to a health care facility, pre-hospital medical care, and all hospital and physician services, whether medical, surgical, or dental. I hereby accept financial responsibility for all costs and expenses associated with, or arising out of, the medical treatment for my son.

My son has the following medical problems (allergies, etc.) of which emergency medical personnel should be aware _____.

My son is currently taking the following prescribed medications _____, in the amount of _____, _____ times per day. I will provide this medicine to the adult in charge so that it can be made available to my child in the dosage and frequencies required.

NOTE: Injected medication must be administered by the child himself.

Scout's attendance on this trip is subject to review and approval by the Scoutmaster. Scout must be appropriately equipped for water activities, including swimming and water activities. All participants must have previously completed BSA Swim Test

I understand that all payments are **nonrefundable**.

SIGNATURE: _____ Date: _____ Relationship: _____

Home Phone _____; Work Phone _____

If unable to reach me in case of emergency please contact:

Name & Phone no(s) _____

Name & Phone no(s) _____

-----Adult Attending Trip Slip -----

SIGNATURE: _____ Date: _____

Home Phone _____; Work Phone _____

If unable to reach me in case of emergency please contact:

Name & Phone no(s) _____

Name & Phone no(s) _____