

**TROOP 171 PERMISSION SLIP**

**WAIVER AND AUTHORIZATION** I authorize participation of this youth in this activity and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, any sponsor, or members and employees of the sponsor(s). The Registered Adult Scout Leader(s) at the activity has/have my permission to obtain and authorize medical treatment for this Scout at my expense should such treatment be deemed by them to be necessary.

**RESPONSIBILITY** I also understand that if the behavior of my son disrupts the outing and cannot be managed by the leaders on the outing, I will be asked to come and get him immediately. If asked to get my son, I or a representative will do so immediately. Any representative must have a photo ID and written permission to pick up the Scout before a Scout can be released to an adult. I understand that the decision to send a Scout home is completely at the discretion of the Registered Adult Leaders on the outing.

Scout Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or legal guardian)*

Emerg. Contact & Relationship to Scout \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Instructions/Medical Needs \_\_\_\_\_



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