

## BSA TROOP 184 - PERMISSION SLIP

As the parent or legal guardian for

I give my permission for him to attend the following outing with Boy Scout Troop 184.

Dates: **Feb. 21-23, 2020**  
Destination: **Lake Mathilde**

Time of Drop-off: **6:30 PM – Lake Mathilde**  
Approx. time of Pickup: **10:00 AM – Lake Mathilde**

Service hours

I give permission to the leaders of the Troop 184 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 proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the Troop 184 and its leaders blameless for any accidents that might occur during this outing except for clear acts negligence or non-adherence to Boy Scouts of America policies and guidelines.

### Primary Emergency Contact

Name:  Tel:  Cell:

### Alternate Contact

Name:  Tel:  Cell:

Trip Cost: \$15.00

Cash / Check: \_\_\_\_\_

Parent / Guardian Signature and Date: \_\_\_\_\_

I can drive to & from camp?

Mileage to camp – one way

Is your vehicle insured?

How many seats do you have with seat belts?

<b>3 miles</b>

Vehicle

DL #

(Vehicle and license information is needed for insurance purposes only)

**Scouts - Return this half of the Permission Slip to the Scribe with payment**

**Scouts - Keep this half for your camping record**

If emergency contact is needed with the Troop during the outing please contact:

**Mr. Jim Stecker – Cell: 856-265-6410**