

Troop 317  
*Name of Trip*  
*Destination Location*

**Depart: Time** (MEET Time at SCUMC parking lot))  
**Return: Time**

I do hereby give my permission for my son \_\_\_\_\_ to participate in the above named outing.

**WAIVER OF CLAIMS**

In consideration of the benefits to be derived from participation in this troop trip or activity, any and all claims against the Boy Scouts of America, its local councils, troops and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to/or incurred or suffered by the applicant named above or to his property, in connection with or incidental to the troop trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family, guardians and heirs.

**MEDICAL RELEASE**

In the event of illness or injury occurring to my son while involved in the troop trip or activity, I consent to x-ray examination, anesthesia, and/or medical, dental or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician (or dentist) and performed by or under the supervision or direction of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

My son is / is not currently taking prescription drugs as prescribed by his doctor. If medication is currently being taken, the adult leadership has permission to administer the medication in accordance with the typed instructions on the medication.

**TROOP REQUIREMENTS**

I understand that my son is required to wear his Class A shirt and pants (long or short) to and from all troop trips or activities. His Class B shirt (Troop 317 Eagle's Nest T-shirt) is required to be worn during some activities. I understand that I am responsible for proper care of troop equipment and agree to repair or replace any equipment damaged by willful negligence or abuse.

\_\_\_\_\_  
Parent                      Date                      Phone                      Emergency Name & Phone

\_\_\_\_\_  
Scout                      Date

**CAMP OUT COSTS/FEES**

Food: \$        Gas(mileage): \$        Fees(activity): \$        Total Cost Scouts: \$        Cost for adults: \$