

PARENT/GUARDIAN PERMISSION SLIP

Your son/daughter has enrolled in the Northern Star Council Leave No trace Trainer Course. This involves hiking during the day and overnight camping at Phillippo Scout Camp with other scouts and adults.

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BOY SCOUT – PARENT/GUARDIAN PERMISSION SLIP

_____ has permission to go on a day outing / camping trip to:

Phillippo Scout Camp, Cannon Falls, MN 55009 Phone:(507) 263-4324

In consideration of the benefits derived, we expressly waive all claims against, agree to hold harmless or indemnify the Troop/Crew, Northern Star Council, BSA National Council, or their representatives on account of any accident, injury, illness or other damage that may occur in connection with, or incident of this trip. The scout is in good physical condition and capable of hiking 1-2 miles in uneven terrain.

In case of	Name_____	Name_____
Emergency	Address_____	Address_____
Notify:	City/State_____	City/State_____
(Relatives	Phone_____	Phone_____
Only)	Relationship_____	Relationship_____

Please list any medications that the Scout is currently using.

In case of Emergency: I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the physician, selected by the adult leader in charge, to secure proper treatment which may include hospitalization, anesthesia, surgery or injections of medication for my son/dependent. My child has a BSA health form with them and if taking any medications has permission to take them as directed without supervision of others.

Parent/guardian Signature

Date

Scout Agreement:

I will live by the Boy Scout Oath, Law, and Motto & Slogan and abide by the Outdoor Code. Failure to obey these requirements can result in my parents being called to come and take me home from the outing.

Date: _____ Scout Signature: _____