**MERIT BADGE CLINIC OFF SITE TRAVEL PERMISSION SLIP TO TAKE MERIT BADGE:**

**Shotgun Shooting**

Scoutmasters please make copies of this form and distribute to the scouts in your unit taking the noted Merit Badges.

Scouts taking the noted Merit Badges must have this form filled out and signed by parents / guardians in-order to participate in the Merit Badge. Scouts must turn-in this form into their Merit Badge Counselor when they arrive at the Merit Badge Location (See Merit Badge Description in Flyer).

**I understand that participation in the Timber Rivers Merit Badge Clinic \*Off Site Menomonie Wisconsin locations being offered through the Timber Rivers District, Chippewa Valley Council, Boy Scouts of America on February 15, 2020 involves a certain degree of risk that could result in injury or death.**

\*Off Site is defined as outside the Elk Mound H. S. property grounds between 8:30 am and 4:30 pm on 2/15/2020.

**In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my scout, I have given;**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Print Scouts Full Name Troop #

**My consent to participate in the Activity(s) circled above**

**In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader / merit badge counselor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Parent 1 Printed Full Name Parent Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Parent 2 Printed Full Name Parent Signature Date

Phone numbers in case of emergency;

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If applicable day of clinic)

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoutmaster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Troop # \_\_\_\_\_\_

Or Contact Person and Number at Clinic Site, Day of Clinic