

TROOP 101 PERMISSION SLIP

I hereby give permission for my son _____ (First & Last Name) to take part in:

_____ with Boy Scout Troop 101.
I understand that this event will be located at: _____

My son has the following Medical &/or Physical conditions and must take the following medications (IF NONE, STATE SO):

The Troop will depart from: Dripping Springs United Methodist Church Parking Lot

Date: _____

Be There at: _____

The Troop will return to: Dripping Springs United Methodist Church Parking Lot

Date: _____

Time: _____

I give permission to the leaders of this trip to render First Aid and/or obtain Emergency Medical Treatment for my son should the need arise. I also give permission to the Physician, selected by the adult leader of this trip, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. By my signature below, I authorize participation of my son on this trip and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, Capital Area Council, Troop 101 and Dripping Springs United Methodist Church.

I AGREE TO SIGN-IN MY SON WHEN I ARRIVE TO DROP HIM OFF FOR THIS EVENT. I ALSO AGREE TO SIGN-OUT MY SON WHEN I ARRIVE TO PICK HIM UP FROM THIS EVENT.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME
Phone Number(s) where you can be reached during activity (required):

_____ Or _____

If I cannot be reached, please contact: _____ at _____
(RELATIONSHIP) _____

CAMPING FEE \$3.00 FEE FOR FOOD \$ _____ OTHER FEES \$ _____

RETURN TOP SECTION TO TRIP COORDINATOR (KEEP THIS BOTTOM SECTION FOR YOUR RECORDS)

EVENT: _____

LOCATION: _____

DEPART FROM: Dripping Springs United Methodist Church Parking Lot

DATE: _____

BE THERE AT: _____

RETURN TO: Dripping Springs United Methodist Church Parking Lot

DATE: _____

TIME: _____