

# PERMISSION FORM

Troop 422 • Dawsonville, Georgia

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

SCOUT NAME \_\_\_\_\_

COST ESTIMATE: \_\_\_\_\_

MEDICATION INSTRUCTIONS: \_\_\_\_\_

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My/our son agrees to abide by the rules and regulations set down by the adult leaders of Troop 422, the Boy Scouts of America and any commercial or government facilities we may visit during this excursion. The adult leaders of Troop 422 have our permission to seek and conduct medical aid where they deem appropriate for my/our son.

We/I agree not to hold Troop 422, its leaders, the Northeast Georgia Council, the Boy Scouts of America nor the sites we visit and the agencies that they represent responsible for accidental death nor injury incurred while on this excursion.

I understand and agree to the following in regard to my son:

1. **My scout will arrive on time to this event and will also be picked up on time.**
2. **I will be available via my emergency number(s) on this form for the entirety of this event.**
3. **If I do not abide by these rules, my scout may be excluded from future events.**
4. **By turning in this permission slip we/I will be accountable for payment of expenses associated with this trip.**
5. **PLC will publish Agenda PRIOR TO CAMPOUT.**
6. **ALL events will depart from our storage facility unless otherwise noted**

I agree to pay in full two (2) weeks prior to the event by:

- Cash
- Scout account
- Check payable to "Troop 422"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**EMERGENCY PHONE NUMBERS (24HR/DAY)**

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_