SCOUTS NAME_____

Print out and complete form.

TROOP 223 REQUIRED RELEASE/AUTHORIZATION & COMMITMENT ENVELOPE

BEFORE SCOUTS MAY PARTICIPATE A PARENT MUST FILL OUT & RETURN THE FOLLOWING PERMISSION SLIP WITH ANY REQUIRED FEES

EVENT: _____ **COST $ 10.00 CASH**

PLACE: _____

TRANSPORTATION NEEDS: Yes / No

DEPART: _____

RETURN: _____

Comments:

AUTHORIZATION is granted for the release of (*scouts name)*_____ to adult leaders and/or volunteers of Saint Anthony's Troop 223 for the above stated outing.

MEDICAL RELEASE is granted in case of emergency, I understand every effort will made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

RELEASE OF LIABILITY: I certify that I am the parent or legal guardian of the participant listed, and I give my consent for him to participate in the activity listed. I understand that participation in this outing involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold the Boy Scouts of America, Inc, the Sequoia Council, Saint Anthony's Troop 223, their agents and volunteers harmless for all personal injury which could result from participation in this outing.

_____	_____	_____	_____
Minors Name	Age	Birth date	Personal health/accident insurance carrier & Policy Number

_____	_____	_____	_____
Parents Signature	Date	Emergency Phone Numbers	Dental insurance carrier & Policy Number