

**Trip Permission Slip - Informed Consent/Release of Liability -
Medical Treatment Consent**

*Please be sure to **Read and Sign** both sides of this form. Side 1 contains the **Activity/Trip Consent** and information. Side 2 contains the **Informed Consent/Release of Liability and Medical Treatment Consent** information. Please return the form even if your scout is not going to attend.*

Scout's Name: _____

The scout named above: **will attend** **will not attend** the activity/trip described below.
(no signatures required)

Activity/Trip Consent

I give permission for the *Scout Named Above* to go on a Boy Scout activity with Troop 212 on **Friday , April 29th, 2011 - Sunday, May 1st, 2011**. I understand they will be: **Hiking and camping at Lone Tree Scout Reservation West Wind District Campoe**. I understand they will be meeting **at TLC** at **TBD pm on the 29th** and to be picked up at **TLC** at **~TBD early on the 1st**.

Address: Lone Tree Scout Reservation

Cost: \$20.00 per person for food and registration.
Response required by: Wednesday, April 27th, 2011

Additional Comments: This is a two night camping trip suitable for all our boys.

In case of emergency, I can be reached by phone at _____. If I cannot be reached, please contact _____ at _____.

Signed (Adult or Parent/Guardian for minor): _____ Date _____

- I plan to drive TO the activity only.
- I plan to drive FROM the activity only.
- I plan to drive TO the campout, stay over, and RETURN.
- My scout will need a ride to and from the activity.
- Other arrangements (specify): _____

Number of passengers I can take (seatbelts required for all passengers): _____

Insurance Certification: I certify that liability insurance is in effect for this vehicle for the minimum amounts of \$20,000 / \$50,000 / \$20,000 as specified in B.S.A. and Massachusetts requirements. All passengers are required to wear seatbelts during travel.

Signature of driver _____ Date: _____

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Informed Consent/Release of Liability:

I hereby certify that I have read and fully understand the nature of the trip as described on Page 1, and further understand the potential risks inherent in such travel and participation as described in writing and/or in meetings with adult leaders. I therefore agree to accept the following rules and guidelines for my child's and/or my participation in the proposed activity: **1)** I authorize participation by my child in the activity described below. **2)** I consent to supervision of my child by adult advisors/leaders during this event. I understand that normal Scouting safety procedures and leadership guidelines will be implemented during this activity. I recognize that certain risks may be inherent in the conduct and participation in the activity that may be beyond the control of adult leaders and sponsors. **3)** I certify that my child and/or I is/am/are medically and physically capable of participation in this event and is/am/are medically cleared by a physician for participation in such activities. **4)** In the event of any accident resulting in injury, illness, disability, or death, or property loss or damage, such as might occur to my child and/or myself, while traveling to, from, or during the event, I agree to indemnify, agree not to sue, and agree to hold harmless the Boy Scouts of America, Troop 212, trip sponsors, leaders and other trip participants, American Legion Post 212, Trinity Lutheran Church, and any or all representatives acting on behalf of such organizations or individuals, from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities.

Medical Treatment Consent:

In the event of injury or illness to myself and/or my child, I consent to administration of such first aid measures as may be determined necessary by activity leaders, and if determined necessary, I further consent to transport by ground or air ambulance and/or referral to physicians and admission to hospitals in the United States. I further consent to emergency medical treatment for myself and/or my child if determined necessary, including but not limited to anesthesia, injection, surgery, x-ray and medication if I cannot be contacted immediately for such consent. I understand that reasonable efforts will be made to contact me in such cases. Phone numbers where I can be reached during this event are listed below.

I hereby certify that medical insurance is in effect for the below-named participants as follows:

Participants:

Scout _____

Adult _____

Name of Company/Provider/HMO: _____

Policy Number: _____

I have read and understand the text of the *Informed Consent / Waiver of Liability and Medical Consent* above and agree to the terms as stated without reservation.

Signed (Adult or Parent/Guardian for minor): _____