**Outing Permission Slip**

**j0279704**

**Part 1: Outing Information** (to be completed by Adult in Charge of the outing)

|  |  |  |
| --- | --- | --- |
|  | Outing Specifics | Remarks |
| What |  |  |
| When |  |  |
| **Permission Slip Due Date** |  |  |
| **Payment Due Date** |  |  |
| Departure Date & Time |  |  |
| Return Date & Time |  |  |
| Transportation Requirements | Personal Vehicles / Commercial Transport  (delete one as appropriate) | Please be prepared for driving conditions! |
| Driving Distance / Time |  |  |
| Food | Patrol Food / Dining Facility  (delete one as appropriate) | Bring a sack dinner for Fri. (or) Eat own breakfast Sat. |
| Cost |  | Patrol food plus outing expenses |
| Adult in Charge/Trip Leader |  |  |
| Other Information |  |  |

**BE RESPONSIBLE – ATTEND THE TRIP IF YOU SIGN UP!**

Scouts: Please remember that if you must cancel for any reason, you must notify your Patrol Leader and the Adult in Charge. If food has already been purchased or other costs incurred, you will still be billed for your share.

Detach here and retain the portion above; the portion below must be completed and returned to the Adult in Charge by the specified deadline.

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**Part 2: Permission, Adult Participation, and Transportation Information** (to be completed by parent)

Scout \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to attend the trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ . In granting this permission, I (we) waive all claims against Boy Scout Troop 1140, the Boy Scouts of America or any of its leaders, for any injury or illness my son may sustain during this outing. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader-in-charge to provide appropriate emergency medical care for my son.

If I am involved in transporting Scouts on this outing, I will make sure that seat belts are provided for the driver and each passenger. I also represent that the vehicle I will drive has adequate insurance coverage. (BSA requires $50,000/100,000 liability, $50,000 property damage).

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| I will participate in the outing as an adult leader |  |  | Adults will eat with the “Old Crab” Patrol and will be required to pay grubmaster fees to the Treasurer. |
| I can drive for this outing |  |  | Please provide vehicle type and number of available seats: |

**Outing Permission Slip**

**j0279704**

**Part 1: Outing Information** (to be completed by Adult in Charge of the outing)

|  |  |  |
| --- | --- | --- |
|  | Outing Specifics | Remarks |
| What |  |  |
| When |  |  |
| **Permission Slip Due Date** |  |  |
| **Payment Due Date** |  |  |
| Departure Date & Time |  |  |
| Return Date & Time |  |  |
| Transportation Requirements | Personal Vehicles / Commercial Transport  (delete one as appropriate) | Please be prepared for driving conditions! |
| Driving Distance / Time |  |  |
| Food | Patrol Food / Dining Facility  (delete one as appropriate) | Bring a sack dinner for Fri. (or) Eat own breakfast Sat. |
| Cost |  | Patrol food plus outing expenses |
| Adult in Charge/Trip Leader |  |  |
| Other Information |  |  |

**BE RESPONSIBLE – ATTEND THE TRIP IF YOU SIGN UP!**

Scouts: Please remember that if you must cancel for any reason, you must notify your Patrol Leader and the Adult in Charge. If food has already been purchased or other costs incurred, you will still be billed for your share.

Detach here and retain the portion above; the portion below must be completed and returned to the Adult in Charge by the specified deadline.

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

**Part 2: Permission, Adult Participation, and Transportation Information** (to be completed by parent)

Scout \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to attend the trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ . In granting this permission, I (we) waive all claims against Boy Scout Troop 1140, the Boy Scouts of America or any of its leaders, for any injury or illness my son may sustain during this outing. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader-in-charge to provide appropriate emergency medical care for my son.

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**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| I will participate in the outing as an adult leader |  |  | Adults will eat with the “Old Crab” Patrol and will be required to pay grubmaster fees to the Treasurer. |
| I can drive for this outing |  |  | Please provide vehicle type and number of available seats: |

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

**Part 3: Scout Account** (to be completed by the Scout) [Ref.: T1140 Policy Handbook, Section 6.6]

Outing Name and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the use of $\_\_\_\_\_\_\_\_\_ from my Scout account to pay for this outing.

**Scout’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_