

Troop 57 Activity Permission Form
PERMISSION TO PARTICIPATE IN ACTIVITY AND WAIVER OF
RESPONSIBILITY

My name is _____. I am the parent (or legal guardian) of _____, afterwards referred to as "my child". I give my permission for my child's participation in BSA programs and activities, subject to all medical limitations and information regarding my child as noted on the most current copy of the "BSA Personal Health and Medical Record" (BSA form 34414) and filed with Troop 57.

I understand if my child becomes ill or is injured in the course of a BSA program or activity every effort will be made to contact me. I understand and agree if I cannot be contacted, the adult in charge of the program or activity may select a licensed health care practitioner to attend to my child's illness or injury. I hereby permit and request that measures be instituted without delay as the judgment of that licensed health care practitioner dictates.

I understand and agree the adult in charge of the program or activity may separate my child from the program or activity if my child's persistent behavior is judged to disrupt the program or activity and/or to endanger anyone present at the program or activity, including my child. I understand and agree I will then have to arrange and pay for immediate transportation for my child away from the location of the program or activity to a location of my choice. If I cannot be contacted, then the adult in charge of the program or activity may arrange for the immediate transportation of my child to his place of residence as recorded in troop records.

I agree to reimburse Troop 57 for unexpected or emergency expenses paid on my child's behalf during any program or activity.

This form is to remain effective until revoked in writing by a parent or legal guardian of my child, or until such time as my child ceases to be a registered member of Troop 57.

Signature of Parent or Legal Guardian _____

Date _____

Emergency contact telephone number(s) _____