



**BOY SCOUT TROOP 90  
ANNUAL PERMISSION SLIP**

I, \_\_\_\_\_, parent/guardian of, \_\_\_\_\_ a Boy Scout with Troop 90 has my permission to participate in Troop 90 outings for the program year from January \_\_\_\_\_ to December \_\_\_\_\_.

In case of emergency, the contacts for my son are:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Coverage Information:

Name of Health Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_

My son has the following medical condition: \_\_\_\_\_

My son has the following allergies: \_\_\_\_\_

My son is taking the following medications: \_\_\_\_\_

I/we hereby voluntarily waive any claim against the drivers who furnish transportation, leaders of the Boy Scouts of America, Troop 90, its chartered organization, and the local and national council, for any and all occurrences that might arise. No liability whatsoever is assumed or will be exercised by the undersigned. I also give permission for the adult leaders on this outing to authorize emergency treatment should such treatment be deemed by them to be necessary. I understand that my insurance policy will be used for primary coverage in case of emergency treatment.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician, selected by the adult leader in charge, to secure proper treatment which may include hospitalization, anesthesia, surgery or injections of medication for my son.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_