

Troop 364

Event Permission Form

Outdoor Event _____ Date _____
 Location _____ Program _____

	Place	Uniform	Day/Date	Time
Departure	Pleasant Grove Church	Class A		
Return	Pleasant Grove Church			

Adults are always needed to drive and are welcome to attend. Include names of adults on form below:

	Special Instructions :

Trip Costs Include:

Camping Fees	\$	_____
Food Cost	\$	_____
Equipment Rental	\$	_____
Other	\$	_____ for _____
Total	\$	_____ (Due in FULL before trip)

What to Bring:

- | | | |
|--|--|--|
| <input type="checkbox"/> Scout Uniform | <input type="checkbox"/> Pers. First Aid Kit | <input type="checkbox"/> Jacket/Hat |
| <input type="checkbox"/> Scout Handbook | <input type="checkbox"/> Flashlight | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Messkit/Utensils | <input type="checkbox"/> Rain Gear | <input type="checkbox"/> Bag Lunch |
| <input type="checkbox"/> Pocket Knife/Tool | <input type="checkbox"/> Sleeping Bag/Pad | <input type="checkbox"/> Extra \$\$ for Meal |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Extra Clothing | |

What Not to Bring:

- Electronics
- Soda
- _____
- _____

Scout Permission and Surgical Waiver Form, Troop 364

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child during the activity, I hereby agree to his participation in Troop 364's _____ event, on the following date _____. In the event that I cannot be reached during a medical emergency, I hereby give permission to the physician selected by the adult leader in charge to treat my child as the emergency requires with injection, x-rays, anesthesia, hospitalization or surgery.

Full Name of Minor(s) _____
Signature (Parent or Guardian) _____ **Date** _____
Adult Name (if accompanying on trip/activity) _____

If following information has changed or is not already on file, please fill in completely:

Home Street Address _____
 Home/Other Phone Number(s) _____
 Child's Doctor Name/Phone Number _____
 Health Insurance Provider/Policy Number _____

List below medications which your child must take, and any allergies or medical conditions that the adult leaders should be aware of.

