

TROOP 451 Activity Permission Slip

I/we, _____, hereby give my/our permission as parent(s) and/or legal guardian(s) of my/our son _____ (Scout) to participate in the activities of Boy Scouts of America Troop 451, Lewisville, Texas ("Troop 451"). The Scout Leaders will follow the BSA Youth Protection Policy. During Troop activities, I/we understand that my/our child will obey the adult leader(s) in charge and follow the rules and policies stated in the Troop Handbook. My/our child and I have read and understood the Troop Handbook rules and policies.

In consideration of the benefits to be derived, and in view of the fact that Troop 451 is an educational institution, membership in which is voluntary, I/we, the individuals named below, on behalf of myself/ourselves, my/our heirs, executors, administrators and assignments have agreed to and will hereby Indemnify and Hold Harmless, and do hereby Release Troop 451 Adult Volunteers, Grace Baptist Church, agents, employees and representatives, and the Boy Scouts of America, from any and all liability claims, demands, actions and causes of actions of whatsoever nature or character, regardless of negligence or liability, which may hereafter be asserted by any person, firm or corporation whomsoever claiming by, through or under me/us, including, but not limited to, all hospital liens or any other valid and existing lien arising out of, resulting from, or in any manner connected with, any incident or accident resulting in loss, damage, death or injury occurring during the participation in the activities of Troop 451, regardless of the negligence of any party to this agreement.

In case of emergency, I give permission to the leaders of Troop 451 to render First Aid, including over the counter medications, should the need arise. I/we understand that every effort will be made to contact me/us (if an adult, my spouse or next of kin). In the event I/we can not be reached, I/we hereby give my/our permission to any physician, hospital or emergency treatment facility selected by the adult leader(s) in charge to secure and provide proper treatment, including hospitalization(s), anesthesia(s), surgery(ies), or injection(s) of medication(s) for my/our child (or for me, if an adult), as needed.

My child's hospitalization insurance information is:

SCOUT NAME: _____ ADDRESS: _____
 PHONE: _____ SECOND CONTACT/PHONE: _____
 Policyholder's name: _____ Insurance Company: _____
 Identification number: _____ Group/Plan number: _____
 Additional information: _____
 Allergies or Physical Limitations: _____
 Family Doctor Name and Phone: _____
 Family Dentist Name and Phone: _____

	Name	Signature	Date
Scout			
Parent/guardian(s)			
Parent/guardian(s)			

THE STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, the parent(s) and legal guardian(s) of the scout identified above, known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and acknowledged to me that the same was executed for the purpose and considerations therein expressed.

 Notary Public in and for The State of Texas

My Commission Expires: _____