PERMISSION FORM BOY SCOUT TROOP 584	PERMISSION FORM BOY SCOUT TROOP 584
TRIP NAME:	TRIP NAME:
START DATE / TIME: /	START DATE / TIME: /
END DATE / TIME: /	END DATE / TIME://
SCOUT'S	SCOUT'S
FULL NAME:	FULL NAME:
номе	номе
ADDRESS:	ADDRESS:
BIRTH DATE:/	BIRTH DATE:/
EMERGENCY PHONE:	EMERGENCY PHONE:
MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS, ETC.:	MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS, ETC.:
INSURANCE COMPANY:	INSURANCE COMPANY:
POLICY NUMBER: You are giving your permission for your Scout to participate in the	POLICY NUMBER: You are giving your permission for your Scout to participate in the
authorized Scout activity as indicated on this form.	authorized Scout activity as indicated on this form.
It is agreed that neither the Boy Scouts of America (BSA) nor any	It is agreed that neither the Boy Scouts of America (BSA) nor any
Adult Troop Leader (ATL) will be liable for injuries arising out of such Scout activities. The undersigned specifically authorizes the	Adult Troop Leader (ATL) will be liable for injuries arising out of such Scout activities. The undersigned specifically authorizes the
BSA and any ATL to secure any and all medical treatment	BSA and any ATL to secure any and all medical treatment
necessary in the opinion of such ATL for injuries or illnesses while	necessary in the opinion of such ATL for injuries or illnesses while
engaged in the heretofore mentioned activities. This	engaged in the heretofore mentioned activities. This
authorization also constitutes consent to any and all medical personnel or institution to perform such medical treatment, as	authorization also constitutes consent to any and all medical personnel or institution to perform such medical treatment, as
they or it deem necessary to the above named Scout due to injury	they or it deem necessary to the above named Scout due to injury
or illness. The undersigned further states that the Scout named	or illness. The undersigned further states that the Scout named
above has the above indicated allergies, medications and/or	above has the above indicated allergies, medications and/or
medical conditions and has given or will give all special medication	medical conditions and has given or will give all special medication
to the ATL. The Scout herein named is covered by medical/ accident insurance as described herein.	to the ATL. The Scout herein named is covered by medical/ accident insurance as described herein.
PARENT/GUARDIAN:	PARENT/GUARDIAN:
(SIGNATURE REQUIRED)	(SIGNATURE REQUIRED)
PRINTED NAME:	PRINTED NAME:
DATE:	DATE:

PERMISSION FORM BOY SCOUT TROOP 584	
TRIP NAME:	
START DATE / TIME://	
END DATE / TIME: //	
SCOUT'S	
FULL NAME:	
HOME	
ADDRESS:	
BIRTH DATE:/	
EMERGENCY PHONE: MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS, ETC.:	
INSURANCE COMPANY: POLICY NUMBER: You are giving your permission for your Scout to participate in the authorized Scout activity as indicated on this form. It is agreed that neither the Boy Scouts of America (BSA) nor any Adult Troop Leader (ATL) will be liable for injuries arising out of such Scout activities. The undersigned specifically authorizes the BSA and any ATL to secure any and all medical treatment necessary in the opinion of such ATL for injuries or illnesses while engaged in the heretofore mentioned activities. This authorization also constitutes consent to any and all medical personnel or institution to perform such medical treatment, as they or it deem necessary to the above named Scout due to injury or illness. The undersigned further states that the Scout named above has the above indicated allergies, medications and/or medical conditions and has given or will give all special medication to the ATL. The Scout herein named is covered by medical/accident insurance as described herein. PARENT/GUARDIAN:	
(SIGNATURE REQUIRED) PRINTED NAME:	
DATE:	