

# Troop 225 Outing Consent Form

**This form and fee must be turned in no later than the beginning of the meeting on \_\_\_\_\_**

Activity: \_\_\_\_\_ Destination: \_\_\_\_\_

Cost: \_\_\_\_\_ Scouts: \_\_\_\_\_  
Leaders: \_\_\_\_\_

Departing From: \_\_\_\_\_ Place: \_\_\_\_\_  
Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_

Returning To: \_\_\_\_\_ Place: \_\_\_\_\_  
Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_

## Important Notes:



## Parent's Consent

IN CONSIDERATION OF THE BENEFITS DERIVED, & IN VIEW OF THE FACT THAT THE BOY SCOUTS OF AMERICA IS AN EDUCATIONAL ORGANIZATION, IN WHICH MEMBERSHIP IS VOLUNTARY: & HAVING FULL CONFIDENCE THAT EVERY PRECAUTION WILL BE TAKEN TO ENSURE THE SAFETY & WELL BEING OF MY SON/WARD DURING THIS ACTIVITY/TRIP, I HEREBY AGREE TO HIS PARTICIPATION, & WAIVE ANY OFFICERS, AGENTS, & REPRESENTATIVES OF THE BOY SCOUT'S OF AMERICA. I ALSO GIVE MY PERMISSION, IN CASE OF ACCIDENT OR INJURY, FOR MY SON/WARD TO RECEIVE MEDICAL TREATMENT DEEMED NECESSARY BY THE DOCTOR IN CHARGE. I ALSO UNDERSTAND AND AGREE THAT ONLY REGISTERED SCOUTS AND LEADERS ARE COVERED UNDER THE TROOP'S INSURANCE POLICY.

\_\_\_\_\_ has my permission to attend this outing at

Scout's Name

\_\_\_\_\_ thru \_\_\_\_\_

Location

Date

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mother, Father, or Guardian

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mother, Father, or Guardian

Please list any additional family members attending:

\_\_\_\_\_