

**PARENT PERMISSION FORM FOR PINEHURST TROOP 7 TRIPS AND ACTIVITIES**

I/We, the parents/guardians of the boy scout named below, understand the nature of the trip being planned to:

\_\_\_\_\_ on \_\_\_\_\_  
(Date)

Time: Leave: \_\_\_\_\_ Return: \_\_\_\_\_ We understand that transportation will be by:

\_\_\_\_\_ at a cost of \$ \_\_\_\_\_ :  
(Mode of transportation)

and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems may arise on any trip, scout-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising adult(s). We further agree to release and hold harmless Pinehurst Troop 7 and the Boy Scouts of America, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising adult(s) or staff (including volunteers) to attend to my son. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising adult(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a scout must return to Pinehurst independently for reasons of health, accident, failure to conform to rules established by the leader in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

\_\_\_\_\_  
Scout Name (Please print) Parent or Guardian (signed) Date

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check below IF your child has sensitivity to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Required medications: \_\_\_\_\_

Please check below IF your child has:

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition  Other Medical Condition

Required medications: \_\_\_\_\_

Other medications: \_\_\_\_\_

(If ordered by the scout's physician, an epi-pen must be provided for all field trips.)