

**\*\*PERMISSION SLIP\*\* BOY SCOUT TROOP 28**

**MUST PRESENT SIGNED FORM TO LEADER PRIOR TO DEPARTURE**

<b>Trip Description:</b> <b>Leader 1:</b> _____ <b>Cell:</b> _____ <b>eMail:</b> _____ <b>Leader 2:</b> _____ <b>Cell:</b> _____ <b>eMail:</b> _____ <b>Activities Include:</b> <ul style="list-style-type: none"><li>• _____ Nights Camping, Cooking, Hiking, and other Rank Advancement Activities</li><li>• Meals to be provided by the Troop</li></ul>	<b>Event Dates:</b> _____ <b>Departure Time:</b> _____ <b>Driving:</b> _____ <b># Seats:</b> _____ <b>Number of Scouts Attending:</b> _____ <b>Number of Adults Attending:</b> _____
<b>NON-REFUNDABLE</b> trip payment due prior to departure. <i>Make checks payable to:</i> Hebron Troop 28  \$ _____ /each (per Scout/Adult) x _____ (# Attendees) = \$ _____ (Total Amount Due)  Scout Account \$ _____ Cash/Check Payment \$ _____ = \$ _____ (Total Paid)	

**Depart from:** \_\_\_\_\_ (Arrive 10 minutes early to coordinate travel)

**Travel to:** \_\_\_\_\_  
(Directions provided at departure)

**Return to Hebron:** \_\_\_\_\_

*\*Note: Scouts will be returned to their home address unless other arrangements are made before the trip begins.*

**Scout Behavior Pledge:** I have read, understand, and have signed the Troop 28 Code of Conduct for Scouts. I agree to behave in a manner that is becoming of a Boy Scout. I understand that failure to do so may result in loss of activities or immediate removal from the trip and potential suspensions from future trips.

Scout Signature

Date

**Early Return:** I understand that should a scout have to return home early because of poor behavior, sickness, injury, family emergency, or personal choice, I am responsible for providing transportation arrangements and any costs associated with them.

**Medical Authorization:** If in the judgment of the leader in charge, it becomes necessary to send my son/ward to a nearby Hospital, Physician or Dentist for diagnosis or treatment, he has my full permission to do so. His health history is correct so far as I know and he is able to engage in all prescribed activities, except as noted. **Disclose any medical condition or physical limitation here:**

In the event of an emergency I hereby give permission to the Physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or order injection for him. I will assume full responsibility for such arrangements including payment of expenses incurred. I also will indemnify and hold harmless the Connecticut Rivers Council and Boy Scouts of America as well as its servant's agents or employees from any and all liability with respect thereto.

**Parent or Guardian Signature:** Use PayPal and email form to \_\_\_\_\_ or submit direct with payment

I have read the **Troop 28 Code of Conduct for Scouts** and agree to be available to pick up my son as soon as notified, if deemed necessary by the Troop 28 adult leadership. I understand and agree to all the above and grant my permission for

\_\_\_\_\_ will attend and participate in this trip.  
Scout/Scouts Name

Print Parent or Guardian Name

Parent or Guardian Signature

Date

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Best #:** \_\_\_\_\_