PARENT'S CONSENT FORM

BOY SCOUTS OF AMERICA TROOP 1770 GREAT LAKES COUNCIL, WYANDOTTE, MICHIGAN

In consideration of the benefits to be derived, and in view of the fact that the BSA is an educational organization, a membership in which is voluntary, and having confidence that precautions will be taken to ensure the safety and well-being of my child during this activity or trip, I hereby agree to their participation and waive all claims against the leaders of this activity or trip and officers, agents and representative of the BSA. I hereby give my permission to have first aid administered to my child should this situation deem necessary. I also give permission to have my child's photo or name published on the Troop website, newspapers, TV, or periodicals.

| ACTIVITY/TRIP: | | | |
|---|---------|---------|--|
| DATE & TIME: | | | |
| To: | | | |
| SCOUT'S NAME: | | | |
| Address: | | | |
| City,State,Zip | | | |
| Home phone number or | | | |
| Allergies: | | | |
| Emergency numbers & names | | | |
| Insurance Company | | | |
| Policy number | | | |
| PARENT'S SIGNATURE | | _Date | |
| The Scouts will be meeting atDate & Time. They will be departing at | | and the | |
| scouts will be returnedhometo the Postother | | | |
| Date & Time The Cost (if any and Prepaid) is \$ | per pei | son. | |
| Completed permission slip required | | | |