

TROOP 150
Permission Slip for Swimming

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in the following activity with BSA Troop 150. For details visit www.bsa150.com.

Activity / Event: BSA Swim Test / Bring swim trunks, towel, & BSA Scout Handbook

Dates: _____

Drop-off Point: _____ at _____ (Please arrive 15 minutes early.)

Pick-up Point: _____ at _____ Scouts may leave when all tasks are completed & dismissed by the Senior Patrol Leader & Scoutmaster.

I give permission to the leaders of Troop 150 to render and authorize First Aid should the need arise. I give my permission for the leaders of Troop 150 to provide Tylenol, Motrin, Advil, aspirin, or other OTC medication as deemed necessary and appropriate. I have made the leaders of Troop 150 aware of all current prescription and OTC medications and give permission to supervise the taking of said medications. In the event of an emergency, I also give permission to the physician selected by an adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment as needed. My child has the following food & drug allergies, and/or special medical needs (use reverse side if needed):

I further agree to hold Troop 150 and its leaders blameless for any accidents that might occur during this activity, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached at _____ or _____.

If I cannot be reached, please contact, _____, at _____,

Signed: _____ Date: _____
(Parent or Guardian)