

# Del Mar Va Council, Boy Scouts of America Troop 132 ELK Neck, MD

Note: Parents / Guardians Copy

Troop 132 is planning a \_\_\_\_\_

(campout, hike, whitewater canoeing, etc.)

at \_\_\_\_\_ scheduled for \_\_\_\_\_

(location)

(city and state)

(date or dates of the event)

### Departure Information

### Return Information

Day \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

The Leaders for this outing are: \_\_\_\_\_

If you need to contact your scout, please call \_\_\_\_\_

(Name and Phone Number)

*Please return this portion to the Leader, it must be on file before the  
Pack/Troop/Venture Crew leaves on the trip.*

### PARENTAL / GUARDIAN CONSENT FORM – Troop 132

I give permission for: \_\_\_\_\_ to attend the Troop  
(full name of scout)

\_\_\_\_\_ at \_\_\_\_\_  
(campout, hike, whitewater canoeing, etc.) (location)

\_\_\_\_\_ scheduled for \_\_\_\_\_  
(city and state) (date or dates of the event)

Special Health Needs / Daily Medication Required \_\_\_\_\_

I give permission for the medication to be administered by the Scout Leader.

\_\_\_\_\_  
(signature) (date)

It is understood that the Boy Scouts of America, through its leaders, will exercise all reasonable precautions for the safety and conduct of the scouts. However, accept the fact that the local or National Council, Boy Scouts of America, Pack/Troop/Venture Crew, Wesley United Methodist Church, and all leaders of the Boy Scouts of America will not be held liable for any injuries to the scout while on this Scouting event. Furthermore, in the event of an emergency, I authorize trained medical personnel to treat the above mentioned scout.

In case of an emergency, please call;

First Contact (name and phone):

Alternate Contact (name and phone):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(parent / guardian signature)

(date)