

TROOP 795

SCOUT ACTIVITY PERMISSION SLIP

(Please Print)

_____ (Scout), born _____.

I _____ (Father, Mother, Guardian of the scout named above) understand that this scout will be going with Boy Scout Troop 795 on scouting activities. I hereby grant my permission for this scout to attend these functions.

In case of emergency, accident, or injury involving this scout requiring immediate medical attention; I hereby grant permission to the Scoutmaster, Assistant Scoutmaster and/or any adult leader or volunteer to transport this scout and obtain any medical services necessary. I also grant permission to any physician or medical personnel to treat my child due to this injury.

I do hereby release Mount Zion United Methodist Church, Boy Scouts of America, Boy Scout Troop 795, and the Scoutmaster, Assistant Scoutmasters and/or any adult leader or volunteer from any and all responsibility for injuries, damages or loss to the above named scout or to his personal clothing or equipment.

(Parent Signature)

Date _____