

Parental Authorization and Permission Form

2004 Annual Form

My Scout, _____, (*Scout's full name*), has my permission to attend Boy Scouts of America Troop 77 activities between approximately **January 1, 2004** and **January 31, 2005**, as organized and held by Troop 77, which is sponsored by the Arrowhead District Committee BSA. I understand that the sponsoring organization has no responsibility for the activities of the Troop and no liability for any injuries or losses occurring during Troop 77 activities. I understand that trained Adult Scout Leaders registered in Troop 77 will attend and supervise these activities. I further understand that certain Patrol activities may not require an adult in attendance.

I understand that my Scout will be riding in private vehicles driven by Adult Scout Leaders, and I give my permission for this to occur at no risk or liability to the driver(s) as long as reasonable safety procedures are followed and reasonable care is taken.

My Scout is in good health and I know of nothing which would cause medical problems during the activities. I agree to notify the Troop Scoutmaster and other Troop Adult Leaders of any and all changes in the health of my Scout as named above and to provide and keep current his Scout Medical Form. Insurance for my Scout is provided by:

Insurance in the Name of (Parent): _____

Company Name: _____

Policy Number: _____

Group Number: _____

___YES ___NO the insurance company must be contacted at phone no. (____) _____

I agree to provide the telephone numbers at which I can be reached at any time during planned activities and to keep my contact and insurance information current should any of it change.

Numbers where I will be available: *E-mail Address* _____

Home _____ *Work* _____ *Cell Phone* _____

Other _____

If there is an emergency medical situation involving my son, and if I cannot be reached after reasonable effort and if the life or health of my Scout is jeopardized by further inaction, I authorize the Adult Scout Leaders of Troop 77, whomever may be in charge of a specific activity, to act in my behalf in respect to my Scout and to authorize EMS, hospital emergency room physicians, and other trained medical staff to take reasonable precautions and give reasonable care or medical attention as may be indicated in order to protect the life and health of my son. I accept full responsibility for all action taken and for all reasonable hospital charges or fees for care given, including EMS. My medical insurance company is noted on the medical form filed with the Adult Scout Leaders in charge. I also understand that Scout insurance is only basic and is an insurance of last resort.

I transfer to "Adult Scout Leaders in charge" my full parental authority over my Scout on a temporary basis in the event that I cannot be reached by telephone within a two (2) hour period or immediately in the event that emergency medical care decisions must be made to protect the life, health, or well-being of my Scout.

I remain fully responsible for the actions of my Scout during activities while in the care of the adults and will bear any reasonable expenses resulting from my Scout's actions or inactions. I will be responsible for my Scout's actions in regard to the health and property of other Scouts also participating in activities. I agree to come and pick up my Scout at an activity if called and requested to do so by the Adult Scout Leaders in charge of my Scout at the activity.

I **AM** **AM NOT** (*check one*) the parent or legal guardian of the Scout named above.

I **DO** **DO NOT** (*check one*) have the authority to complete this permission slip and authorization.

(signature)

(print name)

Parent **Legal Guardian** (*check one*)

Date: _____

INSURANCE INFORMATION

When a Local Tour Permit Application is needed for a scouting activity, all possible drivers need to be listed on the permit along with their vehicle insurance information. Please fill out the information below for Troop 77's file. If the information you list below changes, please inform the Troop Committee. Please print your information.

Driver 1 (and 2, if applicable):

Owner's Name: _____

Driver's License Number: _____

Owner's Name: _____

Driver's License Number: _____

Vehicle 1 (and 2, if applicable):

Year, Make, and Model of Vehicle: _____

Number of Passengers: _____ Will everyone wear a seatbelt? YES NO

Public Liability Insurance Coverage: Each Person \$ _____ Each Accident \$ _____
Property Damage \$ _____

Year, Make, and Model of Vehicle: _____

Number of Passengers: _____ Will everyone wear a seatbelt? YES NO

Public Liability Insurance Coverage: Each Person \$ _____ Each Accident \$ _____
Property Damage \$ _____