



# BSA Troop 125, St Josephs Church Activity Permission Form

## Interfaith Campout – Camp Rodney

As the parent/legal guardian of \_\_\_\_\_,  
I hereby give my permission for him to participate on the following trip:

Date: **March 19<sup>th</sup> through March 21st, 2010**  
Location: **BSA Camp Rodney, North East, MD**  
Cost per person: **\$15.00 (includes reservations, patch and food)**  
Time/Place Departure: **Friday evening from St. Josephs Parking Lot @ 6:00 pm**  
Date/Time/Place Return: **Sunday morning to St. Josephs Parking Lot @ 11:00 am**

I give permission for the leaders of Troop 125 to provide First Aid to my son, should the need arise, and/or to administer any necessary medications that are prescribed by his physician, according to instructions on the prescription provided. In the event of an emergency, I also give permission to the adult leader in charge to seek medical treatment for him at the closest appropriate medical facility. I further agree to hold the above named unit and its leaders blameless for any accidents that may occur or injuries during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency I can be reached at: \_\_\_\_\_ OR \_\_\_\_\_  
Home Phone # Cell Phone #

If unable to contact me, please contact \_\_\_\_\_ @ \_\_\_\_\_  
Contact Name Phone #

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Note: The below information is only needed if the Troop does not have a current BSA Medical form on file.

Allergies: \_\_\_\_\_

Special diet needs: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy # or ID# \_\_\_\_\_ Acct# \_\_\_\_\_

Doctor's name and telephone number: \_\_\_\_\_

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Payment will be made by:  Check  Cash  Scout Account

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_