



BSA Troop 4055 – Galway, NY

www.bsa4055.org – scoutmaster@bsa4055.org



Standard Permission Form

Event Name or Location: _____

Date(s): _____

As the parent/legal guardian of _____, I hereby give my permission for him to participate with Troop 55 in the outing stated below.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the adult leaders to select a qualified physician and or hospital to secure adequate and appropriate medical care should such an emergency situation occur.

I further agree to hold the above unit and its leaders blameless for any accidents or injuries that may or might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Parent/guardian: _____
NAME, PLEASE PRINT SIGNATURE

Phone #: _____

If I cannot be reached, please contact: _____
NAME, PLEASE PRINT

Phone #: _____

Please return this permission form and payment (if required) to a Troop representative as soon as possible.