

**Boy Scout Troop 102**  
**Venture Crew 102**  
**Annual Permission Slip**  
**March 1, 2010 - February 28 2011**

**Parent Permission**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
a Boy Scout/Crew Member in Troop/Crew 102 (or a youth considering joining Troop/Crew 102),  
Cheyenne, Wyoming, give my permission for my child to attend and participate in all  
Troop/Crew outings and activities for the period of March 1, 2010 through February 28, 2011  
and to ride in a vehicle with a designated driver. It is understood that all scouting events/  
activities are under adult supervision and that all reasonable caution will be taken to prevent  
accidents or injuries. I understand that this permission increases the exposure of my child to  
unforeseen circumstances. In the event of an accident or injury to my son/daughter, I hereby  
release the Boy Scouts of America, Troop 102, Crew 102, the chartering organization and the  
adult chaperones from any liability what so ever resulting from this injury.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**Parent/Guardian Consent for Medical Assistance**

I, \_\_\_\_\_, give my permission to the supervising adult leaders of Troop  
102/Crew 102 to seek out and sign for emergency treatment of my son/daughter  
\_\_\_\_\_ and I will accept financial responsibility for the costs.

Insurance Information:

Company: \_\_\_\_\_  
Named Insured: \_\_\_\_\_  
Policy number: \_\_\_\_\_

**Parents/Guardians Telephone Numbers**

Father Home _____	Work _____	Cell _____
Mother Home _____	Work _____	Cell _____
Other Home _____	Work _____	Cell _____
Other Home _____	Work _____	Cell _____

I give permission to the adult leaders to give my son/daughter a non-aspirin pain reliever.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**(OVER)**

My son/daughter has the following medical condition: \_\_\_\_\_

\_\_\_\_\_

My son/daughter has the following allergies: \_\_\_\_\_

\_\_\_\_\_

My son/daughter is taking the following medications: \_\_\_\_\_

\_\_\_\_\_

*Dispensing of medications will be by the Scoutmaster, Crew Advisor or designee. Please give all medications properly labeled with written instructions to the Scoutmaster/Crew Advisor at the departure point and time.*

*Please notify the Scoutmaster/Crew Advisor in writing of any changes in medications or the physical condition of your son/daughter at the point of departure.*

Prior to leaving the church, please check all of your sons/daughters gear, make sure that he/she has the proper clothing for the season, his scout handbook, sack lunch for dinner, **SNOWBOOTS, WINTER COAT, RAINGEAR, EATING UTENSILS & COFFEE CUP, STOCKING CAP & GLOVES.** Any scout that shows up in tennis shoes will not be allowed to go camping or partake in an outdoor activity.