BSA TROOP 197
ATLANTA, GEORGIA

Sign and Return to:
Mr. Bobby Krupczak
1156 Ivy Hill Court
Mableton, GA 30126

SCOUT OUTING PERMISSION SLIP (2009 Crossover Scouts)

Scout's Name: _______
Scout's Rank: _____
Birthdate: _____
Home Address: _____
City:_____State:____ ZipCode:_____

In case of Emergency, Please contact:
Name: _____
Relationship: _____
Address: _____
City:_____State:____ ZipCode:_____
Work Phone: _____
Home Phone: _____
Mobile Phone: _____

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I give permission for my child, _____, to participate in the "Outings" of BSA Troop 197 of Atlanta, GA described below and any activities associated with or related to the Outings. My child has no physical problems, limitations or allergic reactions (except those listed below), of which the adult leaders ("Adult Leaders") should be aware in terms of my child's participation in the Troop's Outings.

Listed below are any physical limitations, medical needs (please refer to attachment for Atlanta Area Council Medication Dispensing Policy), and/or allergic reactions:

_____

_____

_____

I have been previously informed about the Outings, and I hereby assume all risks and hazards of and incidental to the Outings, including, but not limited to any transportation to and from the Outings, other than proven negligence or proven willful misconduct. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Insurance Co.:_____ Policy ID No.:_____

Signature of Parent or Legal Guardian:_____Date:_____

Campout Event (Outing)	Planned Date(s)	Venue	General Activity
Spring Hike/Backpacking	Feb 21st -> March 1st	TBD (NE Ga)	Overnight Hike/BPacking
BSA North ATL District Camporee	Mar 20th -> Mar 22nd	Bert Adams SR	Camporee Camping
Vogel State Park Hike	Apr 17th > Apr 19th	Vogel State Park	Day Hiking
Camp Kiwanis Service Project	May 8th -> May 10th	Camp Kiwanis (Danielsville, GA)	Eagle Scout Srvc Proj

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