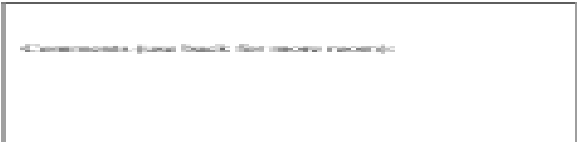


Troop 332 Campout Permission Slip



Event: Contraband Campout

Event Date: Dec. 6-8, 2019

Form Due: Nov. 25, 2019

Where: Ohio School for the Deaf - 500 Morse Rd; Columbus 43214

[] **Yes, I can drive and take a total of _____ (Seat-belted passengers including driver)**

Is your vehicle information on file with us? Y / N (Year & Make) _____

Contraband is our annual campout where we relax some of the rules and let the Scouts play with electronics almost all weekend! There will be a merit badge or two offered, and possibly a service project on Saturday that will only take up a few hours. All meals will be prepared by the adults for the scouts. We encourage Scouts and families to bring TVs and game consoles to share with others. Other types of games are welcome also. Only Scout appropriate games are approved, which are those that are rated E. Other games by approval. If you have to ask if a game is appropriate, chances are it's not. Please plan to still meet at the church so that we may arrive as a group and lessen the stress on the security guards at the school.

Attendees <i>(write on back if needed)</i>	
Name	Patrol
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	QTY	Price	Total (Qty x Price)
Youth Camper		\$20	
Adult Camper		\$20	
Other Family Member/Guest		\$20	
How are you paying? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Scout Account		Total \$	

AUTHORIZATION FOR MEDICAL ATTENTION

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the adult leader in charge to act on my behalf and in my stead in obtaining any medical or dental treatment for the above named scout(s) should said treatment become necessary in the opinion of the adult scout leader in charge and I 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. I hereby release the scout leader and the treating Physician, Dentist, or Health care provider of rendering any emergency medical treatment during the duration of the above outing.

Physical Restrictions? _____ Allergies? _____

Medications? _____

Phone _____ Home Address _____

Another person to contact in case of emergency _____

(NAME & NUMBER)

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child and myself (if applicable) to participate in this activity. I also understand that participation in this 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.

(PARENT OR GUARDIAN SIGNATURE)

(DATE)
