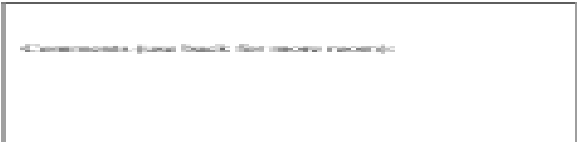


# Troop 332 Campout Permission Slip



**Event:** USAF Museum and Camp Birch

**Event Date:** December 4 - 6, 2020

**Form Due:** 11/30/20

**Where:** Camp Hugh Taylor Birch - 4057 Swimming Pool Rd., Yellow Springs, OH 45387

**When:** Gather at church 6:15 pm, Depart at 6:45 pm, return home Sunday at approximately 12pm.

Join us on a new adventure as we visit the United States Air Force Museum! We will be camping at Camp Birch and visiting the museum on Saturday. There is a gift shop at the museum if you would like to send extra money but that is not required.

We will be tent camping, but we do have a shelter

**Attendees** (write on back if needed)

Name	Patrol
_____	_____
_____	_____
_____	_____
_____	_____

	QTY	Price	Total (Qty x Price)
Youth Camper		\$20	
Adult Camper		\$20	
Youth - Day Trip Only (includes lunch)		\$5	
Adult - Day Trip Only (includes lunch)		\$5	
<b>How are you paying?</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Scout Account		<b>Total \$</b>	

## 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)