



Permission Slip / Auto Insurance Form

Scout's Name: _____

_____(Initial) My son has my permission to participate in the various activities, including camping, canoeing, hiking and fire building of Troop 32 ("Troop 32"). I understand that, while he will be under the supervision of adult leaders, he will be expected to adhere to all safety regulations required of him. I hereby agree to waive all claims against the officers, agents and representatives of Troop32, Boy Scouts of America and Troop 32's chartered organization, St. David's Church. In the event of an emergency involving my son, a representative of Troop 32 has my permission to render or obtain emergency medical care or treatment and/or to enter my son in a hospital or clinic and arrange for such medical attention as appears necessary. I understand that I am fully responsible for any expenses incurred in connection therewith. Finally, I have provided Troop 32 a complete medical form for my son indicating any medical conditions that might affect medical care relevant to my son.

The adults that work with Troop 32 have many individuals to keep safe and on task, if there is anything special we should know about you or your child(e.g., food allergies, special conditions or needs), please advise and adult leader/adviser.

_____(Initial) As an adult participant in various activities, including camping, canoeing, hiking and fire building of Troop 32 ("Troop 32"). I understand that I will be expected to adhere to all safety regulations required of me. I hereby agree to waive all claims against the officers, agents and representatives of Troop32, Boy Scouts of America and Troop 32's chartered organization, St. David's Church. In the event of an emergency involving me, a representative of Troop 32 has my permission to render or obtain emergency medical care or treatment and/or to enter me in a hospital or clinic and arrange for such medical attention as appears necessary. I understand that I am fully responsible for any expenses incurred in connection therewith. Finally, I have provided Troop 32 a complete medical form for me indicating any medical conditions that might affect medical care relevant to me.

Name _____ Signature _____ Date _____

Auto Insurance

Following is information for my vehicle, which I understand may be used when filing tour permits with the Northeast Illinois Council, BSA.

Driver # 1 Name: _____ License No: _____

Driver # 2 Name: _____ License No: _____

Kind, year and make of car: _____

Number of seat belted passengers that can be accommodated: _____

Insurance Carrier _____

Public liability coverage amounts (Example 100,000/300,00/100,000)

Each person _____ Each Accident _____ Property Damage _____