

**BSA Troop 206 – Cornwall, New York**Heritage District  
Hudson Valley Council**TROOP 206 ACTIVITY PERMISSION SLIP AND/OR WAIVER OF RESPONSIBILITY**

Activity Name: \_\_\_\_\_ Scout/Youth's Name: \_\_\_\_\_  
Activity Location: \_\_\_\_\_ Scoutmaster in Charge: \_\_\_\_\_  
Depart Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_ am/pm Depart Location: \_\_\_\_\_  
Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_ am/pm Return Location: \_\_\_\_\_  
Scout's Food Fee: \$ \_\_\_\_\_ Paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Scout's Camp Fee: \$ \_\_\_\_\_ Paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TROOP SUPPORT:**

(\* Activity Permission Slip Addendum May Be Substituted for this section)

I can help transport Scouts to and/or from this activity: **TO:** Yes ☐ No ☐ **FROM:** Yes ☐ No ☐

Fill out the following section if you are planning on transporting Scouts (including your own son) to or from the event and you have not updated your insurance information within the last year or your insurance information has changed.

# Seat belts: \_\_\_\_\_

**Public Liability Coverage**

Vehicle: \_\_\_\_ / \_\_\_\_ Ins. Co. \_\_\_\_ Coverage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DL: \_\_\_\_  
year make / model name Per Person/Per Accident/Prop. Dmg state number  
Minimum: 50,000 / 100,000 / 50,000

**PARTICIPATION WAIVER** for youth listed above. In consideration of the benefits to be derived and since the Boy Scouts of America (BSA) is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son/daughter on this activity, I agree to his participation and waive all claims against the leaders of Troop 206, parent volunteers, officers, agents, and representatives of the BSA, the sponsor, Storm King Engine Company and any and all associations. I further understand that my son/daughter will be transported in a non-BSA, privately owned vehicle that has met the standards set in place by the BSA and that the vehicle is listed on the BSA tour permit.

Upon an emergency, illness, or accident during the activity identified above, I understand every effort will be made to contact me. In the event that I cannot be reached in a timely manner, the troop or unit leader of the activity identified above has my permission to obtain, without delay, medical treatment as judgment of medical personnel dictates. Proper medical treatment may include hospitalization, anesthesia, surgery, or injections of medication for my son/daughter.

I also give permission for my son's/daughter's name and/or photograph to be used in the Troop's website and/or newsletter, in accordance with the Troop's privacy/website policy, which does not publish their last name. Furthermore, I understand that photographs may also be used in local, regional and/or national newspaper articles that may or may not use my son or daughter's last name.

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

Printed Name of Parent/Guardian: \_\_\_\_\_

**EMERGENCY INFORMATION:**

(Required update for Troop Health and Medical records – complete before each activity.)

During this activity, I/we can be contacted at the following numbers: (\_\_\_\_) \_\_\_\_-\_\_\_\_ or (\_\_\_\_) \_\_\_\_-\_\_\_\_. If I cannot be reached by phone, contact \_\_\_\_\_ at \_\_\_\_-\_\_\_\_-\_\_\_\_. Relationship to youth: \_\_\_\_\_

My son/daughter's physician is: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Known allergies are: \_\_\_\_\_

Medications: \_\_\_\_\_  
(All medications must be in their original containers with Scout name, medication name and dosage instructions on it.)Do you want the Scoutmaster in Charge to carry this medication: Yes ☐ No ☐ (Write special instructions on back of this paper.)

Date of last tetanus shot or booster: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**For use by Troop Scribe, Activities Scoutmaster and TroopMaster Records Keeper**Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Scout Attended Activity: ☐ Patrol Activity ☐ Troop Activity ☐ Council Activity ☐ Summer Camp ☐ Other \_\_\_\_\_