

Troop 100, Boy Scouts of America Westborough, Massachusetts

*This form plus \$10.00 for food must be presented to your Patrol Leader
by the Thursday, 8 days before the campout.*

Authorization

I the undersigned, as parent or legal guardian of _____
hereby permit my son to participate in a trip to _____ in _____,
from _____ to _____.

I also authorize the available adult leadership to make any decisions concerning the safety and well-being of my son; and to perform and/or authorize medical personnel to perform any medical treatment on my son which may be necessary due to an accident or emergency which may occur in the event of an emergency, or if I cannot be contacted as indicated below.

Signed: _____ Date: _____
(parent or Guardian)

Telephone numbers at which I may be reached in the event of an emergency.

Phone 1: () _____ Phone 2: () _____

Check all that apply:

- Parent will be able to attend the trip.
- Parent will drive on Friday.
- Parent will drive on Sunday.

My vehicle can carry _____ scouts. This number includes my son.

Please note: The Troop consider you a driver if the information above is checked. You will receive a call if your services will not be needed. Thank you for your assistance in providing transportation and adult leadership on trips

- I have included important medical information on the reverse side of this form.