

# OUTING PERMISSION FORM

RETURN BY \_\_\_\_\_

My son, \_\_\_\_\_, has my permission to participate in the \_\_\_\_\_.

- I cannot participate.  
 I will be going on the outing with my son.  
 I can participate.

By: driving to \_\_\_\_\_, and / or driving from \_\_\_\_\_.

My vehicle is \_\_\_\_\_ (year model). It carries \_\_\_\_\_ people with seat belts.  
Drivers License Number: \_\_\_\_\_ Insurance coverage \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(Liability person/liability accident/property).

The cost for this outing will be \$20 per scout, and \$20 per adult, which is not refundable.

- I have enclosed \$\_\_\_\_\_. \_\_\_\_ **Cash** and / or a **Check** for \$\_\_\_\_\_. \_\_\_\_  
(Or)  Take \$\_\_\_\_\_. \_\_\_\_ From \_\_\_\_\_'s account. Parent's Initial \_\_\_\_\_  
(Or)  I still owe Troop 911 \$\_\_\_\_\_. \_\_\_\_ Scout Master's Initial \_\_\_\_\_

I/we hereby voluntarily waive any claim against the drivers who furnish transportation, leaders of the Boy Scouts of America, Troop 911, its chartered organization, and the local and national council, for any and all occurrences that might arise. No liability whatsoever is assumed or will be exercised by the undersigned. I also give permission for the adult leaders on this outing to authorize emergency treatment should such treatment be deemed by them to be necessary. I understand that my insurance policy will be used for primary coverage in case of emergency treatment.

Scout _____	Birth date: _____	Age: _____	Sex: _____
Insured Parent _____	Address _____		
Phone (925) _____	Pleasanton, CA ZIP _____		
Insurer's Employer _____	Family Physician _____		
Health Plan _____	Plan Number _____		
Insurer's SSN _____	Insurance Phone _____		
Troop 911 Insurance Carrier Mutual of Omaha	Number BSA MB 17370		

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signed \_\_\_\_\_  
(parent or guardian)

**\*\* LIST IMPORTANT MEDICATION INFORMATION ON BACK OF FORM \*\***

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## \*\*\*BOY SCOUT OUTING REMINDER \*\*\*

**- Keep this portion -**

\_\_\_\_\_ will participate in the scouting activity, \_\_\_\_\_.  
The Troop will leave from Walnut Grove side parking lot at \_\_\_\_\_ on \_\_\_\_\_ and  
return at approximately \_\_\_\_\_ on \_\_\_\_\_. Scouts will be returned to their  
homes unless other arrangements are made.

In case of emergency during the outing the troop can be reached at \_\_\_\_\_