

BSA TROOP 693
PERMISSION SLIP and MEDICAL RELEASE FORM

I hereby give my permission for Scout _____
to participate in the Troop 693 trip to **Victor Peer's Eagle Scout Project**. He will be under the supervision of
the adult leader(s) named below. My son and I understand and agree to comply with the Troop policy for
appropriate behavior, and I grant permission to the adult leaders to use their judgment and take appropriate
action to ensure safety and order.

I hereby authorize any licensed physician and hospital to perform emergency procedures on my son, as they
deem necessary to save life or limb. If my son has any special medical conditions or is taking any
prescription medication(s) they are as follows (if none please indicate "NONE"): _____

I also hereby acknowledge that while Troop 693 does carry accident insurance, I may be entirely responsible
to either provide medical insurance and/or to pay for any medical treatment provided. I also certify that my
son has passed a BSA Class III physical exam within the last 12 months.

Medical Exam Expiration Date: _____

Parent's Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Insurance _____ Policy Number _____

Doctor Name: _____ Doctor's Phone Number: _____

Adult Leader: **Claire Peer**

Destination: **New Life Community Church in Artesia (18800 Norwalk Blvd. Artesia CA)**

Leaving scout's own House Date and Time: **8:00 am August 11**

Returning to scout's own House: Date and Time: **6:00 pm August 11**

TEAR OFF AND KEEP FOR REFERENCE

Adult Leader/Contact Person: **Claire Peer**

Parents : Please be on time for pick up.

Destination : **New Life Community Church in Artesia, CA (18800 Norwalk Boulevard, Artesia, CA)**

Leaving scout's own House: Date and Time: **8:00 am. August 11**

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