

Perpetual Permission Slip

Authorizing Transportation to / from Events and/or Medical Treatment with any of the following entities Chartered to the First United Methodist Church of Gilbert:

Scout Troop 88

Venture Crew 2088

Scout Troop 3088

Effective as of: _____ Authorization Expires: _____

When my/our child/ward is participating in an activity or event with Troop 88/Troop 3088/Crew 2088, I/We will make every effort to be available 24/7 at the emergency phone number(s) indicated below.

I the undersigned give my child or ward _____

Permission to attend regularly scheduled events with his or her Troop or Crew with the understanding that he or she will be participating in various challenging activities that may result in injury. I/We understand that all leadership of Troop 88/Troop 3088/Crew 2088 are trained in both CBR and First Aid. If a situation arises beyond their skill set they will take my/our child/ward to be treated by more qualified medical personal as needed. In the case of an emergency I/We grant permission for rendering of all medical attention by qualified medical personal with the expectation every effort will be made to reach me/us if an emergency does occur.

It is with this understanding that I/We hereby relieve the Scoutmaster, Advisor, and all other registered leadership of Troop 88/Troop 3088/Crew 2088 and drivers transporting my/our child/ward from any liability for personal injury or accidental death occurring as a result of my child's/ward's participation in Troop/Crew activities and events. I/We recognize that this authorization is valid from the time I/We leave my/our child /ward with any two registered leaders through such time my/our child is returned to my/our care.

My child or ward has a unique or specific medical condition of _____.

This condition requires maintenance medication AND/OR food or physical restrictions of:

I/We will provide any required medication in a container with the pharmacy instructions and appropriate dosage and quantity per said instructions. I/We understand altitude may affect how the medication effects my/our child or ward.

Frist Phone # in case of an emergency: _____ Name _____

Second Phone # in case of an emergency: _____ Name _____

Signature of Parent or Legal Guardian: _____

Printed Name _____ Date _____

Signature of Parent or Legal Guardian: _____

Printed Name _____ Date _____