

Event: Devil's Lake Climbing & Hiking Trip

Date(s): Sept 22nd – 24th

Where: Devil's Lake, WI

TROOP 399 SIGN UP/PERMISSION AND EMERGENCY MEDICAL FORM

Scout(s) (print full name) _____

Adult(s) (print full name) _____

will be attending the event/trip listed above. I am familiar with the details of the activity and shall provide the necessary funds and equipment. I will be sure that my son (or I) will not attend if ill or not in good physical condition on the dates shown above. I can be reached for notices before and during the activity:

Email: _____ Home Ph: _____

1st Adult/Cell: _____ (name) _____ (phone number) 2nd Adult/Cell: _____ (name) _____ (phone number)

Emergency Contact: _____ / _____ Ph: _____
(name) (relationship) (phone number)

Travel Plans: _____ Driving in family car _____ Riding with assigned driver *(help with gas cost kindly requested)*

_____ With TO: _____ FROM: _____
(All drivers must supply current driver contact, insurance & vehicle information to trip leader at sign up. See back of form for details)

Special note: _____

Name (s)	Allergies?		Taking Medication?	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, see Health Form A or back of form
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, see Health Form A or back of form
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, see Health Form A or back of form
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, see Health Form A or back of form

If any changes between sign up and trip departure, it is the attendee's and/or parents' responsibility to notify the tour leader prior to leaving for the event.

I do herewith authorize the treatment by a qualified and licensed medical doctor of myself and/or the minor listed above in the event of a medical emergency which, in the opinion of the attending physician, may endanger my or said minor's life, cause disfiguration, physical impairment, or undue discomfort if delayed. It is understood that every effort shall be made to contact the undersigned or the listed emergency contact person prior to rendering treatment of patient but that treatment will not be withheld if the undersigned cannot be reached.

Signed by: _____ Date: _____

PAYMENT FOR: TripTitle – Dates

Campout Fee: \$ 20 (Food will be additional cost)

Name	Cash	Check #	Check Amt	Scout Acct

If paying by Scout account, signature requested below to authorize the transaction:

Adult Signature: _____ Date: _____

Transaction Verified by: _____ Date: _____

TROOP 399 MEDICATION INFORMATION

Please note, if you or your son are taking any medication, you are asked to list them on either the BSA Health History Form A or on the form below.

If you wish to keep this information confidential, check the YES box under "Taking Medications", and include the information below on a separate sheet of paper. Put the information in a sealed envelope, mark it "TOUR LEADER ONLY" and staple it to the permission slip.

Name: _____ Date: _____

Medication name	
Dosage instructions	
Reason for medications	

Name: _____ Date: _____

Medication name	
Dosage instructions	
Reason for medications	

Name: _____ Date: _____

Medication name	
Dosage instructions	
Reason for medications	

Name: _____ Date: _____

Medication name	
Dosage instructions	
Reason for medications	

TROOP 399 DRIVER & VEHICLE INFORMATION

Per BSA tour permit guidelines, all drivers for trips must have their driver license, insurance and vehicle information registered with the troop.

Driver information: Use driver info on file Use information below

Car Year: _____ Make & Model: _____ # of Seatbelts _____

Driver's License # _____ State _____ Plate # _____

Car Ins. Provider _____ Liability Coverage _____ / _____ / _____
 (Each person/each accident/property damage)