

University of Scouting
Permission Slip

To be used by Boy Scouts and Venture Scouts 12–20 years old attending University of Scouting

Activity: University of Scouting

Where: Haller Middle School

Date: October 28, 2017

Cost: See registration form

Adult attending University of Scouting with youth:

(Scout or Venture Scout) has my permission to participate in:

I know of no health or fitness restrictions that preclude participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to X-ray examination, anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. (It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted)

Scout Leader Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Printed) _____

Phone _____

Emergency contact: _____

Phone _____

Note: The paper version of the permission slip must be presented at University of Scouting.