	Outir	_l g Sign-	up & Pare	ental Consent	Form
ALESS VE	Troop 348	Boys Scou	uts of America	Lake Forest Park,	<u>Washington</u>
		Form & Fee	Due By:	** ********** **	No Electronics/
Outing:	*****				Electron :
Place: Start Date: End Date: Fee: Suggested If What is inclu	-	End out (Checks pa	Phone: t Time: ******* Time: ******* yable to Troop 348	****	- onicsi
		((Cut here to retain upper	portion)	
Troon 348	Outing and P	,		Due By: ***********	
Outing:	*****	Dates:	********	Duc Dy.	
U			Parent	Name	
				ency Phone	
			Parental Cons		
I hereby appoin medical care an adult leader is a	t the adult leaders for d treatment for the So uthorized to execute a an and/or medical fac	this outing (the l cout identified abo ny consent and re	bearer of this documen ove as they shall deen lease or waiver of liab	barticipation in the identified Boy at) as my attorney in fact to obta a necessary during the course of a lity that may be required by emer behalf as may be reasonably ne	in and consent to emergency this activity. In doing so, the gency responders, and/or the
I give my permi leader.	ssion for the above na	med Scout to be g	given Benadryl and/or '	Γylenol during this event if it is b	elieved warranted by an adult
The Scout's med	dical bills will be cove	ered by:		(medi	cal plan name)
				(medi	cal ID number)
	's physical fitness per hich I am aware, that			tivities for this outing and I have	listed below all medical
Signed:	(Paren	t or legal guardia	an)	Date:	
Circle One – Vehicle Year	Up Only Back On and Make	ly Both Ways	Drivers	Will Parents be License # / accident \$	
Circle One – Vehicle Year	Up Only Back On and Make	ly Both Ways	Drivers		