ACTIVITY DESCRIPTION / PERMIT TO TRAVEL
CONSENT TO TREAT A MINOR

Troop 18 – Boy Scouts of America _____ (707) 942-0987 _____Mt Diablo Silverado Council

Activity Description – Troop 18 will be traveling to _____
(location)
on _____ We will be departing from ( ) Archerd Hall ( )Other_____
(date)
at _____ Gathering time is _____ Rain ( ) Cancels ( ) does not Cancel.
(time) (time)
( ) you will be notified. Please Contact _____
(trip coordinator)
at _____if you have any questions. We will return to ( ) Archerd Hall
(phone)
( )_____ at approximately _____ on _____

Conduct while on Activity – All Scouts are to conduct themselves in accordance with Troop policies and follow directions of Leaders at all times. As parent/guardian you must agree to pick up your son at the activity if there are any problems that violate Troop policy, or serious violations of Scout behavior, which may include; inappropriate language, harassment of other Scouts, inappropriate dress, fighting, possession of illegal substances. All Scouts will follow the Scout Law and Oath at all times.

Meeting Prior to Activity – All Scouts must attend the Troop meeting immediately prior to the Activity date. If the Scout is unable to attend, a parent may attend the meeting in his place.

----------**Cut & save upper part / Return lower part to trip coordinator**----------

Parents initials that they have read and agree to the above rules of conduct:_____

Permission to Travel – Permission to travel is hereby given for _____
Scouts Name
To travel with Troop 18 to _____. I understand that travel will not be allowed in the bed of pickup trucks and that seatbelts are provided for the use of all passengers.

Consent to Treat A Minor – In the event of a medical emergency involving your Scout, your signature below authorizes the registered Boy Scouts of America leaders accompanying him on this outing to seek and acquire whatever emergency medical care is deemed necessary to prevent further injury or illness. Every effort will be made to contact you, or your designate listed below, prior to said action. Emergency care includes, but is not limited to, medical evacuation by whatever means are available, hospitalization and surgery.

_____ _____ _____
(print name of parent / guardian) (signature of parent/guardian) (date)

_____ _____ _____
(address of parent / guardian) Phone # Home Phone # Work

_____: In the event that the above parent or guardian cannot be contacted, please notify
Parent/guardian cell phone

_____ at _____
(friend or nearest relative) (phone number)

All Scouting activities are drug & alcohol-free zones

This portion of the form must be in possession of the driver at all times