

Patriot's Path Council  
1 Saddle Road  
Cedar Knolls, NJ 07927

**BOY SCOUTS OF AMERICA**  
Tel. 973-765-9322

**PARENT/GUARDIAN'S AGREEMENT FOR CAMPING ACTIVITY**

**SCOUT'S NAME:**

**AGE:**

**SCOUT'S ADDRESS:**

**TROOP NO.:** 436    **DISTRICT:** Black River

**EVENT/ACTIVITY:**

**LOCATION:** \_\_\_\_\_ and surrounding area ("Location"), including travel to and from the Location via Washington Twp., Morris County, NJ.

**DATES:** Approximately \_\_\_\_\_

**PARENT'S/GUARDIAN'S AGREEMENT**

I, the Parent/Guardian of the above named Scout, understand that my Scout will be attending this scheduled activity/camping experience with my full knowledge and permission. The Scout may participate in all activities programmed, except as I may stipulate in writing to the adult leaders in charge.

Further, if in the judgment of the adult leader(s) in charge, it becomes necessary to send my Scout to a nearby hospital, physician, or dentist for diagnosis or treatment, the adult leader(s) in charge has/have my full permission to do so.

Therefore, I give my full permission for my Scout to participate in all activities except as I may have excluded in writing and I give my full permission to the medical attendant in charge to hospitalize, secure anesthesia or to order injections or surgery for my Scout, should the need arise, and I as Parent/Guardian will assume full responsibility for such arrangements including payment of expenses incurred thereby, and shall indemnify and hold harmless the Patriot's Path Council, its servants, agents, or employees and the adult leader in charge, from any and all liability with respect thereto.

**PLEASE CHECK ONE:**

Such medical expenses will be covered under Policy No.: \_\_\_\_\_ written by: \_\_\_\_\_ for the period covered January 1, 2019 through December 31, 2019.

I will pay my expenses directly

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Print

Name: \_\_\_\_\_

Allergies:

Medical Conditions:

Medications and instructions for administration, including dosages:

Parent/Guardian Emergency Phone Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Email: \_\_\_\_\_