



Boy Scout Troop 2
First Congregational Church
Ithaca, NY 14850

Required Permission Form for the

Scout Name:

I/We, the parent/guardian(s) of the above-name youth, do hereby permit him to participate in the trip,(dates). We recognize that there are risks involved in the activity. We agree to hold blameless Troop 2, its sponsor - the Congregational Church, the Boy Scouts of America, and the volunteers assisting with this activity from any liability or claim which may arise due to injury to the Scout named above.

The undersigned understands that the Boy Scouts of America carry limited medical coverage for any registered Boy Scout who is injured during a scout activity. The undersigned also appoints the Scoutmaster, or an Assistant Scoutmaster of Troop 2, or an adult volunteer assisting in the activity to authorize any reasonable medical treatment or procedure on behalf of the youth named above without further consultation with me (us). If there are any limitations to this authorization I shall write them on this sheet.

Parents/guardian signature

Date

Address

Phone Number



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