**INSTRUCTIONS: EDIT THE PARTS IN RED TEXT, DELETE THIS “INSTRUCTIONS “ LINE, CHANGE ALL TEXT TO BLACK, EXPORT AS PDF TO SEND OUT TO SCOUTS/PARENTS.**

**NAME OF OUTING**

**DATES OF OUTING**

**Outing Permission Slip (OPS)**

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give my permission for this scout to participate in an outing with TROOP NUMBER.

**Location:** LOCATION OF EVENT

**Activity:** ACTIVITIES PLANNED (IE. MERIT BADGE WORK, SPECIAL EVENTS AT OUTING)

**Adult Leaders:** ADULT LEADERS FOR THIS EVENT

**Arrival:**WHERE, WHEN, EAT BEFORE ARRIVAL?

**Return**: WHERE, WHEN?

**Notes:**Scouts are encouraged to attend the entire camp- those scouts needing to arrive later or leave earlier need to inform lead Adults before event. ADD ANY NOTES ABOUT PREREQUSITES NEEDED TO BE DONE BEFORE OUTING

**Bring:** Class A uniform, Scoutbook,writing instrument**,** camping equipment andappropriate personal gear/clothing for weather (see Camping Equipment Checklist).  We will have trailer with patrol boxes and universal shared equipment.ADDITIONAL REQUIRED ITEMS FOR OUTING (WORKBOOKS FOR MERIT BADGES, SPECIFIC CAMPING EQUIPMENT, OTHER ITEMS SPECIFIC FOR CAMPOUT ACTIVITIES, **ETC.)**

**Total cost per scout:** $ AMOUNT  (MONEY WILL BE DEDUCTED FROM SCOUT ACCOUNT)

I understand that participation in scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

**Any special notes for adult leaders?**

In case of emergency, I can be reached by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

PARENTAL/GUARDIAN signature (REQUIRED)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE:  Failure to turn in a completed OPS will result in a scout being unable to attend the event.