

YEAR-ROUND PERMISSION SLIP

I, _____ give my permission for my child _____ to attend any indoor or outdoor unit, district, or council function for the year of (_____-____). This permission only applies for the year in which parental signature is shown above.

Unit _____ District _____

Insurance: all vehicles must be covered by a public liability and property liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000). Any vehicle carrying ten (10) or more passengers is required to have limits of \$100,000/\$500,000/\$100,000. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country.

Parents, please fill out the vehicle information requested below. Even parents driving their own children must be listed on the reverse of a tour permit. If they are not listed they are not covered under Scout insurance.

VEHICLE #1		VEHICLE #2	
Make of Vehicle		Make of Vehicle	
Number of Passengers		Number of Passengers	
Owners Name		Owners Name	
Seat Belt Capacity		Seat Belt Capacity	
Drivers License #		Drivers License #	
Public Liability Coverage		Public Liability Coverage	

HEALTH HISTORY

Scouts Name _____ Date of Birth _____
 Address _____
 City, State, Zip _____
 Insurance Co. _____ Policy # _____
 Physician's Name _____ Phone _____

IMMUNIZATION	LAST DATE RECEIVED		(Please Check)		(Please Check)	
Tetanus Toxoid			Asthma		Diabetes	
Polio			Fainting		Heart Trouble	
Mumps			Convulsions		Bleeding	
Pertussis			Allergies		Lungs	
Diphtheria			Digesting		Eyes	
Measles			Sleep Walking		Ears	
Rubella						

Explanation for any of the above: _____

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my child.

 Parent Signature

 Date

 Home or Work Phone

THIS HEALTH HISTORY CAN NOT BE USED FOR B.S. RESIDENT CAMP.