Scoutmaster & Parents

Day Trip Permission Slip

Print one per scout. Keep signed copies on file for the duration of the activity. This is a template — adapt to your council's requirements.

EVENT INFORMATION

Event / destination: _____ Troop number: _____

Depart date & time: _____ Return time: _____

Meeting location: _____ Return location: _____

Transportation: _____ Scoutmaster name & phone: _____

SCOUT INFORMATION

Scout full name: _____ Date of birth: _____

Troop / patrol: _____ T-shirt size: _____

Parent / guardian name: _____ Relationship: _____

Primary phone: _____ Secondary phone: _____

Email: _____ Home address: _____

EMERGENCY CONTACT (IF PARENT UNREACHABLE)

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

HEALTH INFORMATION

Known allergies (food, medication, environmental):

Current medications (name, dose, schedule):

Medical conditions the leader should know about:

Dietary restrictions:

Does your scout have a current BSA Annual Health and Medical Record on file? ☐ Yes ☐ No

☐ **Photo release:** I give permission for photographs or video of my Scout taken during this activity to be used in troop communications, newsletters, and social media. Check to decline.

I give permission for my Scout to participate in the above-listed activity under the supervision of registered BSA adult leaders. I understand there are inherent risks in outdoor activities and that leaders will follow BSA Safe Scouting guidelines. In case of emergency, I authorize the troop leadership to obtain medical treatment for my Scout if I cannot be reached.

Parent / guardian signature

Date

Print name

Return this form to the Scoutmaster by: _____

Independent resource — not affiliated with or endorsed by Scouting America. Always verify current BSA advancement requirements at scouting.org or with your local council. Requirements are updated periodically.