

TROOP 166 TRIP BULLETIN Outing: _____ From: _____ To: _____

PERMISSION AND MEDICAL RELEASE FORM:

Scout _____ has my permission to participate in the _____
_____ outing sponsored by Boy Scout Troop 166.

Contact phone number for any unexpected circumstance: _____

This phone contact **must** be available from departure at parking lot to return.

Youth Protection Training completion Date: _____ Mandatory to drive or accompany Scouts.
Good for two years.

YES NO I will provide transportation for this trip. My vehicle has seat belts for ____ passengers.

Auto Insurance Company:

Policy Number: _____

Insurance Coverage: Liability Each Person \$ _____ Each Accident \$ _____

Property Damage \$ _____

Or initial if you meet or exceed Washington State Minimum Requirements _____

\$25,000 of bodily injury each person, \$50,000 of bodily injury each accident, \$10,000 property damage. -Amounts from WA. DOL 2006

Driver's License Number: _____

Vehicle make Vehicle Model year Owner's Name license plate No. Seat Belts

YES NO I'm available to accompany the Scouts on the outing.

YES NO I have a NW Forest Pass (required for most trailhead parking -
if not, we can borrow one for you).

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the adults listed on this form or the adult leaders listed on the trip bulletin until such time as I may be contacted. This release is effective for the time during which my child is participating in a Troop 166 Boy Scout outing, including traveling to or from activities. I also hereby assume full responsibility for payment of any such treatment.

Parents' or Guardians' Names: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Health Insurance: _____

Policy Number: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Scoutmaster: Bill Montgomery Phone: (206)523-0072
Assistant Scoutmaster: Mike Steckler Phone: (206) 523-6685