

# BSA TROOP 51 Commitment Form

Date Of Trip: \_\_\_\_\_ Date Due To Turn In: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

I give permission for my son \_\_\_\_\_ to participate in this Troop 51 activity.

Adult/Parent Attending Y/N Name of Adult / Parent Attending \_\_\_\_\_

YES I can help drive TO \_\_\_\_\_ FROM \_\_\_\_\_ Number of seat belts available \_\_\_\_\_

My telephone number is \_\_\_\_\_ or \_\_\_\_\_

Special arrangements (Late arrival / early departure / leaving and returning)

## ***EMERGENCY CONSENT TO TREAT***

I give permission for the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.


FEE: \$ \_\_\_\_\_

\_\_\_\_\_ CASH Amount \_\_\_\_\_

\_\_\_\_\_ CHECK Amount \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ SCOUT ACCOUNT Amount \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Cut on line, and keep this portion for your information in case of emergency.*

Date Of Trip: \_\_\_\_\_ Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Troop emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Location emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_