



# Sea Scout Ship 468 - Activity Permission Slip

(This form is required for all overnight activities)

Activity: \_\_\_\_\_  
Return this form to: \_\_\_\_\_ by: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Fee: \_\_\_\_\_  Non- Refundable after \_\_\_\_\_

Depart from /  Arrive At Church parking lot at: \_\_\_\_\_.  
Please be there at least 15 minutes ahead of this time

Bring a bag lunch  Eat before  Bring Money \$ \_\_\_\_\_

Uniform of the Day:  Dress Uniform  Work Uniform  Ship T-shirt  Civvies

Equipment:  Sleeping bag  Rain gear  Backpack  
 Change of clothes  Swim suit/trunks  
 Pocket change  Pencil & paper  
 Fanny pack  Sea Scout Manual

Special items: \_\_\_\_\_

Approximate arrival time home: \_\_\_\_\_  Driven home  Pick up at \_\_\_\_\_

(tear off and return)

## Consent Form

My son/daughter \_\_\_\_\_ has permission to participate in the \_\_\_\_\_ with Sea Scout Ship 468 of St. Andrew's Episcopal Church of Pearland, TX on \_\_\_\_\_ to \_\_\_\_\_.

IN THE EVENT OF INJURY OR ILLNESS TO MYSELF AND/OR MY CHILD, I CONSENT TO ADMINISTRATION OF SUCH FIRST AID MEASURES AS MAY BE DETERMINED NECESSARY BY ACTIVITY LEADERS, AND IF DETERMINED NECESSARY, I FURTHER CONSENT TO TRANSPORT BY GROUND OR AIR AMBULANCE AND/OR REFERRAL TO PHYSICIANS AND ADMISSION TO HOSPITALS. I FURTHER CONSENT TO EMERGENT MEDICAL TREATMENT FOR MYSELF AND/OR MY CHILD IF DETERMINED NECESSARY, INCLUDING BUT NOT LIMITED TO, ANESTHESIA, INJECTION, SURGERY, TRANSFUSION OF WHOLE BLOOD and/or BLOOD FRACTIONS, X-RAY, AND MEDICATION, IF I CANNOT BE CONTACTED IMMEDIATELY FOR SUCH CONSENT. I UNDERSTAND THAT REASONABLE EFFORTS WILL BE MADE TO CONTACT ME IN SUCH CASES. PHONE NUMBER WHERE I CAN BE REACHED DURING THIS EVENT IS LISTED BELOW OR ALTERNATE PERSON TO CONTACT.

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

My son/daughter \_\_\_\_\_ has my permission to go home with \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

## Driving Arrangements

We/he/she will be able to drive:  To  From  
Number of passengers we/he/she can take \_\_\_\_\_ (seatbelt required for each passenger)  
Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_  
Drivers License \_\_\_\_\_ State \_\_\_\_\_

Insurance certification:  I certify that liability insurance is in effect for this vehicle in the minimum amounts of \$50,000, \$100,000, and 50,000 as specified in BSA and State of Texas requirements.