

# TROOP 750 PERMISSION SLIP

I hereby grant permission for \_\_\_\_\_ (print name) to attend the following activity of Boy Scout Troop 750:

Boy Scout Summer Camp – Circle-X Ranch \_\_\_\_\_ from 7/26/2009 to 8/01/2009

I have received detailed information concerning the activity including required and recommended equipment, clothing, food, etc. and will make certain that he is properly equipped, in good health, and in appropriate physical condition.

He is allergic to the following (foods, medicines, bee stings, etc.):

He [is] [is not] (circle one) currently taking medicine on a regular basis. The name and instructions for this medicine, and any other medicine he takes on an as-assigned basis for beestings, asthma, allergies, etc. , are written on the reverse side of this form. I will provide an adequate supply of such medicines to the activity leader prior to departure. The above-named Scout has been instructed not to take any medicines (even aspirin) without the knowledge of the activity leader.

I hereby authorize that emergency medical, dental, X-ray, and/or surgical care may be provided for this Scout while in attendance at Troop 750 activities. Such care to be provided through the facilities of the nearest hospital, physician, or dentist. I agree to pay any medical expenses.

I forever release, acquit, and discharge Troop 750 and its adult leaders from any and all liability. I understand that my child may be sent home at my expense for breaking the rules of this Troop.

Parent name \_\_\_\_\_ [ ] is willing to drive; [ ] insists on driving.

[ ] can carry \_\_\_\_\_scouts total to the campsite      Driving [ ] car      \_\_\_\_\_ seatbelts

[ ] can carry \_\_\_\_\_scouts total from the campsite      Driving [ ] truck      \_\_\_\_\_ seatbelts

[ ] can carry \_\_\_\_\_scouts total and will camp with      Driving [ ] van      \_\_\_\_\_ seatbelts  
the adult leaders.

## PERSONS TO CALL IN EMERGENCY:

1. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Parent Signature \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

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Description:      Week long summer camp.

Food:      Take a sack lunch on Sunday 7/26

Meet:      Aviara Oaks Elementary School at 10:00 am, Sunday 7/26 -- Wearing your scout uniform

Return:      Saturday 8/01/2009 around 1:00 pm – we'll call you along the way.

Contact:      Mike Heck or Steve Greene

Cost:      Prepaid camp fees

Other:      See additional information in emails, including "What to Bring" list.

            All medical forms, permission slips and payments must be turned in before leaving the parking lot!