

## Troop 90 Permission Slip

Activity: CAMPOUT AT MISSISSIPPI PALISADES STATE PARK  
Date: MAY 14-16, 2010  
Adult Leader: Mr. Machacek  
Departing from: Brook Park School at 6:00 PM  
Return to: Boy's Homes at Noon  
Cost: \$20.00  
Transportation: Car - Drivers Needed  
Each boy is to bring: Follow equipment list  
During this activity: Mrs. Sheehan will receive emergency calls at 708-805-0252

At the discretion of the adult leaders in charge, if there is any serious discipline problem with a Scout during this activity, the parent of the scout involved will be called and instructed to pick up his or her son immediately.

Permission slip must be returned by: MAY 5, 2010

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My son: \_\_\_\_\_ has my permission to attend  
Campout at Mississippi Palisades on May 14-16, 2010

I understand the cost will be \$20.00

He should be restricted from \_\_\_\_\_

He is susceptible (or allergic to) \_\_\_\_\_

In case of emergency phone \_\_\_\_\_

The person here described has permission to participate in all prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or order injection or surgery for my son.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I will drive and camp with the troop Yes \_\_\_\_\_ No \_\_\_\_\_