

# Troop 90 Permission Slip

Activity: Salt Creek Trail Hike  
Date: Saturday, April 10, 2010  
Adult Leader: Mr. Machacek  
Departing from: Brook Park School at 9:00 AM  
Return to: Brook Park School at 2:00 PM  
Cost: None  
Transportation: None  
Each boy is to bring: Weather appropriate clothing  
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: **APRIL 7, 2010**

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My son: \_\_\_\_\_ has my permission to attend  
Salt Creek Trail Hike on April 10, 2010

I understand the cost will be None  
one

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 hike with the troop Yes \_\_\_\_\_ No \_\_\_\_\_