

# Troop 90 Permission Slip

Activity: CAMPOUT AT ROCHELLE ADVENTURE CAMP

Date: APRIL 29-MAY 1, 2016

Adult Leader: Mr. Machacek

Departing from: Brook Park School at 6:00 PM

Return to: Boy's Homes at Noon

Cost: \$22.00

Transportation: Car - Drivers Needed

Each boy is to bring: Follow equipment list

During this activity Mrs. Towner (708)\_751-1745 will take emergency calls

At the discretion of the adult leaders in charge, if there is any serious discipline problem with a scout during this activity, the parent

Permission slip must be returned by: **APRIL 20, 2016**

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My son: \_\_\_\_\_ has my permission to attend  
Campout at Adventure Camp on April 29-May 1, 2016

I understand the cost will be \$22.00

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 \_\_\_\_\_