

Troop 90 Permission Slip

Activity: Campout at Rochelle Adventure Camp

Date: September 23-25, 2016

Adult Leader Mr. Machacek

Departing from Brook Park School at 6:00 PM
Returning to Boy's Homes Noon

Cost: \$22.00

Transportation: Car - Drivers needed

Each boy is to bring: Personal Gear - Follow equipment list

During this activity: Mrs. Towner will receive emergency calls at 708-751-1745
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 9/14/2016

My son _____ has my permission to attend

Campout at Adventure Camp September 23-25, 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 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 my permission to the physician selected by the adult leader in charge to hospitalize, secure anesthesia, or order injection or surgery for my son.

Signature _____ Date _____

I will drive and camp with the troop

Yes _____ No _____

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