

Troop 90 Permission Slip

Activity: Campout at Rock Cut State Park
Date: October 20-22, 2017
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 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: **OCTOBER 11, 2017**

My son: _____ has my permission to attend
Campout at Rock Cut State Park on October 20-22, 2017

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 _____