

BSA Troop 362 Activity Permission Slip

PLEASE READ COMPLETELY AND RETAIN TOP PORTION FOR YOUR INFORMATION

Activity and Location: Climbing Camp

Date: May 16-18, 2008

Leader in Charge: Kevin Cook
Phone # at site (if Available) Cell 517-282-0747

Fee: Scout/Parents: \$ \$44.00 (camp \$20-climb \$24)
Registered Leaders/JASM: \$ 44.00

email: **bsa362scoutmaster@comcast.net**
home # Cook 517-548-3337

Date/Time/Place of Departure: **May 16, 6:00 p.m. East Complex**

Date/Time/Place of Return: **May 18, 1:00 p.m. East Complex**

The **Troop 362 Activity Participation Authorization** from at the bottom of this form must be filled out completely, signed by a parent/guardian and returned with appropriate fee by: **May 6, 2008**

If this is not returned by the specified date your Scout may not be able to attend the activity due to driver arrangements, tour permit information, and other arrangements that have to be made in advance. If your Scout decides not to attend after returning this form, the fee may not be returned if expenses have already been incurred.

Comments: Class "A" uniform. Please note: Each person that is planning on climbing at the gym must complete an Acknowledgement and Release form that is attached. This form is required by Starr commonwealth for any person (Scout or adult) that is going to climb. We will be staying at Twin Pine Camp and Canoe, 9800 Wheeler Rd. Hanover, MI 517-524-6298. If there are questions call Kevin Cook.

✂-----Cut here-----

TROOP 362 ACTIVITY PARTICIPATION AUTHORIZATION

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure safety and well being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son or ward to participate in the activity. I further state that my son or ward is in good health as far as I know, and that he has permission to engage in all prescribed activities. 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 or his designated representative, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed, including surgery, for my son or ward. I further agree to hold BSA Troop 362 of Howell, MI and its leaders blameless for any accidents that may occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Activity and Date: Climbing Camp

May 16-18, 2008

Fee: Scouts/Parents: \$ 44.00 camp (\$20-climb \$24)
Leaders/JSAM: \$ 44.00
Scout's Name:

Scouts/Parents Paid _____

Parent / Leader Attending _____

Leaders/JASM Paid _____

Can You Transport Scouts?

Total Amount Due \$ _____

TO Event? YES NO

CASH - ACCOUNT - CHECK # _____

FROM Event? YES NO

EMERGENCY Numbers Where I Can Be Reached During Event _____

IMPORTANT: As Parent/Guardian of the above-mentioned Scout, I give my permission to the leadership of Troop 362 to give non-prescription medications to my Scout as needed. I will allow the circled medication below:

If none are circled, we will not administer any of the medications listed below.

Acetaminophen

Ibuprofen

Pepto Bismol

CHECK THIS BOX IF APPROPRIATE

My Scout uses an inhaler to alleviate asthmatic symptoms. He will keep his inhaler with him to be used as needed. He will inform the Leader in charge and/or the troop Medical Officer if he uses it. I have filled out the proper medications forms with the Troop.

Signature of Parent or Guardian: _____ **Date:** _____

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