

PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE
Orienteering at Waterfall Glen

Unit 24 is planning **a day trip to Waterfall Glen**

_____ on **Saturday, Nov. 10**
(date)

We shall leave from **Riverside Presbyterian Church** _____ at **8:00 AM** and
(time)

return to **Riverside Presbyterian Church** _____ at **1:00 PM Saturday, Nov. 10**
(time)

Adult Leader in charge will be **Cindy Gustafson**

Transportation will be by Van and Car _____

Cost per boy **\$0** due with permission slip by Thursday, Nov. 1

Each boy is to bring a lunch, a compass, and wear weather-appropriate clothing

(tear off and return this portion)

My son _____ has permission to attend _____
_____ on _____

I understand the cost will be _____. I will be certain my son is feeling well before permitting him to attend.

He should be restricted from : _____

He is susceptible (or allergic) to : _____

In case of emergency, phone: _____

Yes, I can drive ___ My car holds ___people. Drivers license # _____ Make & yr _____

PARENTS AUTHORIZATION

The person herein described has permission to engage in all prescribed activities, except as noted by me. 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 to order injection or surgery for my son.

Signature _____ Date _____

SCOUT SIGNATURE

I acknowledge that the purpose of this outing is for scout activities. I will cooperate with troop leaders and patrol leaders.

Signature _____ Date _____