

PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE

Troop 24___ is planning _____

_____ on _____
(date)

We will leave from _____ at _____
(time)

return to _____ at _____
(time)

Adult Leader in charge will be _____

Transportation will be by _____

Cost per boy _____ due with permission slip by _____

Each boy is to bring a mess kit, sleeping bag, appropriate clothing, drop cloth, flashlight, plastic bag for dirty clothes, extra clothes

We need parents! We don't know how many until we know how many boys are going. Please indicate if you can come.

(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.

PARENT'S 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 _____