

**PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE**  
**Fox River Preserve, Lake County**

Troop 24 is planning an overnight trip to the Fox River Preserve in Lake County, Wilmot, IL

We shall leave from Riverside Presbyterian Church at **8:00 a.m. on Saturday, October 11, and return to Riverside Presbyterian Church at 12:00 p.m. on Sunday, October 12**

See <http://www.lcfpd.org/preserves> for information.

Transportation will be by Van and Car

Cost per boy \$15 permission slip due by Thursday, October 2

Each boy is to bring a mess kit, sleeping bag, clothes appropriate to weather. Can bring fishing gear

During this activity **Pat Rohm** will receive emergency calls.

Cindy Gustafson  
( Unit Leader )

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(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 no. \_\_\_\_\_ make & yr of car \_\_\_\_\_  
Yes, I can buy the food for the outing \_\_\_\_\_

**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 \_\_\_\_\_