

**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. 15  
(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. 15  
(time)

Adult Leader in charge will be TBA

Transportation will be by Van and Car

Cost per boy \$0 due with permission slip by Thursday, Nov. 16

**ATTENDANCE AT THE 11/6 AND 11/13 MEETINGS, WITH COMPASS, IS REQUIRED**

Each boy is to bring a **sack lunch**, a compass, and wear weather-appropriate clothing  
\_\_\_\_\_

During this activity Pat Rohm at phone 708-204-5017 or 708-447-5017 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 \_\_\_\_\_

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