## PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE Kankakee River State Park

Troop 24 is planning an overnight trip to Kankakee River State Park in Kankakee, IL

We shall leave from \_Riverside Presbyterian Church at 1:00 p.m. on Friday, May 1, and return to Riverside Presbyterian Church at (tentatively) 12:00 p.m. on Sunday, May 3 –please be available to pick up your scout whenever they return.

Cost per boy\$20permission slip due by Thursday, April 23  Each boy is to bring a cup, sleeping bag, clothes appropriate to weather. Travel is in Class A uniform, no camouflage is allowed.
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:
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:
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:
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:
attend.  He should be restricted from:  He is susceptible ( or allergic ) to:  In case of emergency, phone:
He is susceptible ( or allergic ) to :  In case of emergency, phone:
In case of emergency, phone:
Voc. Loop drive. My car holds poople Drivers license no make & vr 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.  SignatureDate