

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

Troop 24 is planning a **day trip to Waterfall Glen on Saturday, Oct. 17, 2009**

We shall leave from Riverside Presbyterian Church at 8:00 AM and return to Riverside Presbyterian Church at 1:00 PM Saturday, Oct. 17

Adult Leader in charge will be Stephanie Lancken.

Transportation will be by Van and Car.

Cost per boy ___\$0 ___due with permission slip by Thursday, Oct. 8

ATTENDANCE AT THE 10/8 AND 10/15 MEETINGS, WITH COMPASS, IS REQUIRED

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

Contact Dawn Gmitro with questions

(tear off and return this portion)

My son _____ has permission to attend _____
_____ on _____

I understand the cost will be ___\$0___. 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 _____