

PARENT PERMISSION FOR ACTIVITY AWAY FROM NORMAL MEETING PLACE

Troop 24 is planning: Peter Falk’s Eagle Scout Project. The troop will be painting rooms at the Ronald McDonald House on Friday, December 11th 5:00 pm-7:15pm, and Saturday, December 12th at 9:00-11:30, 11:30-2:00, and 2:00-4:30. Lunch will be provided during the last two shifts.

Adult leader in charge will be Dr. Potamianos, Mr. and Mrs. Cox, & Mr. Payne.

Permission slip is due: Thursday Dec.10, 2009

Please email the Falk’s at Falk05@comcast.net or call Mr. Falk at (708) 212-0476 if your son needs a ride to or from the Ronald McDonald House. For directions and a map, go to http://loyolamedicine.org/Patient_Visitor_Info/Locations_Maps/Facilities/Ronald_McDonald_House.cfm

My son _____ has permission to attend the service project at Ronald McDonald House on _____ (Please indicate the shift time).

He should be restricted from: _____

He is susceptible (or allergic) to: _____

In case of emergency, phone: _____

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 _____

I acknowledge that the purpose of this outing is for scout activities. I will cooperate with troop leaders and patrol leaders.

Signature _____ Date _____