

PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE
Des Plaines Valley Council Spring Camporee

Troop 24 is planning An overnight trip to Scout Adventure Camp in Rochelle, IL.

We shall leave from Riverside Presbyterian Church at 5:00 p.m. on Friday, April 16, and return to Riverside Presbyterian Church at Noon on Sunday, April 18

Adult Leader in charge will be _____
Transportation will be by Van and Car

Cost per boy __\$8 __permission slip and money due by Thursday, April 8.

Each boy is to bring a mess kit, sleeping bag, clothes appropriate to weather

During this activity _____will receive emergency calls.

(Unit Leader)

(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_____