

PARENT PERMISSION FOR Troop 24 ACTIVITY AWAY FROM NORMAL MEETING PLACE  
Thursday, May 19 and Friday, May 20

Troop 24 is scheduling work for Ben Cox's Eagle Scout Project. We have already removed old wood from 5 benches in the village of Riverside. On Thursday, May 19, we will prepare the iron frames for painting, then use Rustoleum spray paint to paint them. On Friday, May 20, we will install new wood and new hardware, to finish all work in time for the Arts Festival this weekend. We will meet at the Riverside Post Office, on Burlington Street, at 4 PM on Thursday, and at 2:00 PM on Friday. (RB students are released at 1:30 Friday, because of the Prom that night.)

\_\_\_\_\_ I can work on Thursday, from 4:00 to 6:00 PM.

\_\_\_\_\_ I can work on Friday, from 2:00 to 4:00 PM.

Cookies, chips, and lemonade will be served. Cold water will be available at all times.

The adult leaders in charge will be Paul Cox and Debra Cox.

Please bring your signed permission slip with you. Please dress for the weather. We will have work gloves, dust masks, hand sanitizer and safety goggles. Please call Ben at 708-308-4374 with questions.

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(tear off and return this portion)

My son \_\_\_\_\_ has permission to attend Ben Cox's Eagle Project work day on \_\_\_\_\_ Thursday, May 19, 2011 \_\_\_\_\_ Friday, May 20, 2011. 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: \_\_\_\_\_

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