

BSA TROOP 96 PERMISSION SLIP– Camping Adventure at Mystery Location

SIGNED PERMISSION SLIPS DUE: Monday, June 11, 2018

EVENT DATES: Friday, June 15 to Sunday, June 17, 2018

EVENT LOCATION: Tent Camping at Mississippi Palisades State Park

Meeting time: Gather at 5:30 pm Friday– St. Gilbert Parking Lot

RETURN: approx 1:00 PM, Sunday, June 17

EVENT COST: \$15/per scout for food.

UNIFORM / CLOTHING: CLASS A UNIFORM for traveling



BSA TROOP 96 PERMISSION SLIP – Camping Adventure at Palisades State Park, Savanna, IL

EVENT DATES: Friday, June 15 to Sunday, June 17, 2018

EVENT LOCATION: Alpine Slide at Chestnut Mountain Resort

DEPART: 5:30 pm Friday – StG parking lot

SCOUT(S) _____ and _____ has my permission for full participation in BSA programs, subject to the limitations noted herein. I further agree that Troop 96 and its Junior and Adult Leaders, as well as the St. Gilbert Church and the Knights of Columbus shall be held free from liability, financially or otherwise, for any injury or accident incurred by my son during this event. I have also included a separate sheet with any special instructions regarding my son.

In case of emergency, I understand every effort will be made to contact me (or someone else if noted on this form). In the event I cannot be reached, I hereby give my permission to the medical personnel selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent (Guardian) Signature: _____ Dated: ____/____/____ **Can Drive?: Y / N**

Parent phone # _____ Text # _____ Carrier: _____

Allergies or other important information in an emergency: _____

Medications: _____

SPECIAL NOTE TO PARENTS: ONLY PARENTS OR OTHER FAMILY MEMBERS CAN PICK UP YOUR SCOUT. IF ANYONE ELSE IS TO BRING YOUR SON HOME YOU MUST PROVIDE THAT AUTHORIZATION BELOW:

(NAME) _____ (CELL) _____ IS AUTHORIZED TO PICK UP MY SCOUT AT THE CHURCH (PARENT SIGNATURE) _____ DATE ____/____/____