

# BSA TROOP 96 PERMISSION SLIP– Rock Cut Campout, Loves Park, IL

**SIGNED PERMISSION SLIPS DUE: Monday Aug 12, 2013**

**EVENT DATE:** Friday, August 16 until Sunday, August 18, 2013

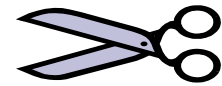
**EVENT LOCATION:** Rock Cut State Park, Route 173, Loves Park, IL 61111

**Meeting time:** 5:30pm Friday afternoon – St. Gilbert Parking Lot

**RETURN:** approx 11:00am, Sun, Aug 18 (Call 847-223-7233 after 9AM for a better estimate)

**EVENT COST:** \$15/per scout. Cash due at August 12 Troop Meeting. No exceptions.

**UNIFORM / CLOTHING:** CLASS A UNIFORM while traveling.



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SCOUT(S) \_\_\_\_\_ has my permission to take part in the above event. I give my permission for full participation in B.S.A. programs, subject to the limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay according to the judgment of responding medical personnel.

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. I do not hold the adult leader(s) liable for associated costs incurred.

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 specific instructions that are unique to my son, as necessary.

Parent (Guardian) Signature: \_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_ **Can Drive?: Y / N**

Parent phone number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_

Allergies or other important information in an emergency: \_\_\_\_\_

**Medications:** \_\_\_\_\_

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

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **IS AUTHORIZED TO PICK UP MY SON.**

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_