

## BSA TROOP 96 PERMISSION SLIP

**SIGNED PERMISSION SLIPS DUE:** Monday, November 16, 2015

**EVENT DATES:** Friday, Nov 20 to Sunday, Nov 22, 2015

**EVENT LOCATION:** Camp Lakota near Woodstock, Illinois

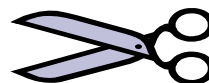
**Meeting time:** 5:15 pm Friday afternoon – St. Gilbert Parking Lot

**RETURN:** approx 12:00 noon, Sun, Nov 22 (Call 847-223-7233 after 9AM for a better estimate)

**EVENT COST:** \$15/per scout for food. Payable to Patrol Leader on November 16

**UNIFORM / CLOTHING:** CLASS A UNIFORM for the drive and assemblies.

**TRANSPORTATION:** Adult leaders/parents will provide transportation.



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### BSA TROOP 96 PERMISSION SLIP – Webelos Invitational Campout

**EVENT DATES:** Friday, Nov 20 – Sunday, Nov 22, 2015

**EVENT LOCATION:** Camp Lakota near Woodstock, IL

**DEPART:** 5:15 pm Friday afternoon – Church 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 number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_