

## BSA TROOP 96 PERMISSION SLIP– March Campout

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

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

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

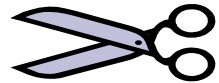
**Meeting time:** No later than 5:30 PM on Friday, March 20– St. Gilbert Parking Lot

**RETURN:** Call 847-223-7233 after 9AM for actual return time; estimated now for 12 noon

**EVENT COST:** \$15 for food. Payable in cash to the Patrol Leader on March 16.

**UNIFORM / CLOTHING:** CLASS A UNIFORM for traveling; dress for winter overnight conditions

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



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

**EVENT LOCATION:** Friday to Sunday at Camp Lakota, Woodstock

**DEPART:** no later than 5:30 pm Friday evening – 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_