

BSA TROOP 96 PERMISSION SLIP– Mississippi Palisades, Savanna, IL

SIGNED PERMISSION SLIPS DUE: Monday September 14, 2015

EVENT DATE(S): September 18-20, 2015

EVENT LOCATION: Mississippi Palisades near Savanna; Sat Activity at Chestnut Mtn

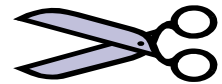
Meeting time: 5:15pm Friday afternoon – St. G Church parking lot

DEPART: As soon as all Scouts are present and gear loaded: no later than 6 PM

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

COST: Due Sept 14: Food \$15 CASH/per scout; Roller Lugging: \$30/per person for unlimited rides

UNIFORM / CLOTHING: We travel in the BSA CLASS A UNIFORM



BSA TROOP 96 PERMISSION SLIP– Mississippi Palisades State Park

EVENT DATE(S): Sept 18-20, 2015 Activity on Sat: Chestnut Mountain Roller Lugging

SCOUT _____ 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. If necessary, 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: ____/____/____

Parent phone number in case of emergency: _____

Alternate phone number in case of emergency: _____

Physician's Name & Emergency Phone Number: _____

Medicines, allergies or other important information in an emergency:

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

AUTHORIZATION: NAME _____ CELL _____