

BSA TROOP 96 PERMISSION SLIP– January Campout

SIGNED PERMISSION SLIPS DUE: Monday, January 11, 2016

EVENT DATES: Saturday, January 16 to Monday, January 18, 2016

EVENT LOCATION: Camp MaKaJaWan, BSA near Pearson, Wisconsin

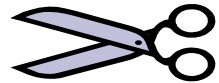
Meeting time: Gather at 6:30 AM on Saturday, January 16– St. Gilbert Parking Lot

RETURN: Call 847-223-7233 after 12 noon for actual return time; estimated now for 4:00 pm

EVENT COST: \$15 for food. Payable in cash to the Patrol Leader on January 11.

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

TRANSPORTATION: Adult leaders/parent will provide transportation.



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DEPART: Gather at 6:30 AM Saturday morning – StG parking lot

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. 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 ____/____/____