

BSA TROOP 96 PERMISSION SLIP

SIGNED PERMISSION SLIPS DUE: Monday, April 17, 2017; no exceptions

EVENT DATES: Friday, April 21 to Sunday, April 23, 2017

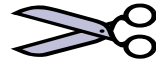
EVENT LOCATION: Tent Camping at Chain O' Lakes State Park near Spring Grove, IL with a variety of camping, fishing and overnight activities. Fishing license required for 16 year old or older.

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

RETURN: approx 11:00 AM, Sunday, April 23; you will be notified about 90" before our return.

EVENT COST: \$15/per scout for food. Cash only. Scouts do the grocery shopping.

UNIFORM / CLOTHING: CLASS A UNIFORM for traveling



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EVENT LOCATION Tent Camping at Chain O' Lakes State Park near Spring Grove, IL

DEPART: 5:30 pm Friday – 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 # _____ Text # _____

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 ____ / ____ / ____