

## **BSA TROOP 96 PERMISSION SLIP**

**SIGNED PERMISSION SLIPS DUE: Monday, May 15, 2017; no exceptions**

**NOTE:** Activity Waiver Form is also due on May 15, 2017

**EVENT DATES: Friday, May 19 to Sunday, May 21, 2017**

**EVENT LOCATION: Tent Camping at Mirror Lake State Park near Wisc Dells, with climbing and hiking on Saturday at Devils Lake State Park.**

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

**RETURN: approx 1:00p, Sunday, May 21; parents 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 DATES: Friday, May 19 to Sunday, May 21, 2017**

**EVENT LOCATION Tent Camping at Mirror Lake State Park; climbing at Devils Lake State Park**

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_