

## Permission Slip

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 125.

<b>Activity:</b>	Mountain Biking	<b>Location</b>	Cathedral Pine County Park
<b>Departure Time:</b>	8:00 AM	<b>Date:</b>	09/18/10 Cathedral Pine County Park
<b>Return Time:</b>	9:00 AM	<b>Date:</b>	09/19/10 Cathedral Pine County Park

No scout will be allowed to leave Sunday morning until all troop equipment is packed into vehicles

Cost: \$10 (includes Saturday Dinner, Sunday Breakfast and campsite fee)

Note : Eat Breakfast before arriving at the park. Bring a bag lunch for Saturday.

The undersigned parent/guardian hereby consents to emergency care and treatment to be given to the above named in the event he shall become ill or involved in an accident. The necessity for such care and/or treatment shall be left to the discretion of the attending physician. The undersigned parent/guardian also agrees to hold harmless registered Scouters of Troop 125 and any other non- registered adults in attendance at the above trip knowing that all necessary precautions for the safety and welfare of the Scouts have been taken.

Troop 125 must be informed of any special medical attention your son needs. If your son regularly takes medication for any medical condition. The Scout Leader must receive a supply of the medicine in a labeled container with written instructions as to its administration. The Scoutmaster or other trip leader reserves the right, in instances of special medical conditions to require parental attendance on the trip.

SPECIAL MEDICAL INSTRUCTIONS:

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WILL A PARENT BE ATTENDING ? (circle one ) Yes or No

The cost for the above trip will be coming out of my Scout Account \$10

I \_\_\_\_\_ give permission for \$10 being deducted from my scout account to pay for this trip.

Date: \_\_\_\_\_  
\_\_\_\_\_ (Scout's Name)

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)