

Troop 125 Parental Consent Form

WHAT: Baiting Hollow Cabin Campout

WHERE: Baiting Hollow Scout Camp

DATE: December 1-2, 2007 TIME : 9:00am @ Baiting Hollow

Note: Bring a Bag Lunch

COST: \$ 16.00 (includes cabin and patrol allowcation for meals)
(Tear off and retain)

TRIP To: Baiting Hollow Scout Camp

My son _____, has my permission to attend this trip with Boy Scout Troop 125. 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.
IN CASE OF EMERGENCY PLEASE NOTIFY

At phone#'s _____

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: _____

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

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

Date: _____ Signed: _____

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