

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.

Activity:	Day Trip	Location	Southaven County Park
Departure Time:	10:00 AM	Date:	04/27/13 Southaven County Park
Return Time:	10:00 PM	Date:	04/27/13 Southaven County Park

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

Cost: \$30.00 (includes participation and administrative fees, admissions to all attractions, Saturday Night's Show and a meal ticket for Saturday night)

Note : Eat Breakfast before arriving at the camp. 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:

MEDICATION PROVIDED: _____

WHO WILL ADMINISTER MEDICATION ? (circle one) Scout or Adult

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

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

SCOUTS DRIVING WITH PARENT (IF KNOW)

The cost for the above trip will be coming out of my Scout Account \$30

I _____ give permission for \$30 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: _____