

Troop 701
Parents Permission Slip

Trip: Backpacking in Panthertown

Cost: \$ food by buddies or patrol

Date & Time of Departure: 8:00 a.m. April 12, 2008

Depart From: FUMC Parking Lot

Date & Time of Return: 2:00 p.m. April 13, 2008

Return to: FUMC Parking Lot

Special items to bring: Backpacking gear appropriate for weather

In consideration of the benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of the son(s) on this activity. I hereby agree to his participation and waiver all claims against the leaders of this trip and officers, agents and representatives of the Boy Scouts of America.

My son _____ has my permission to participate in this activity. He is in good physical condition and has not had any serious illness or operation since his last health examination.

Medications to be taken during this trip: _____
(note dose, time and any other special instructions - use other side if necessary)

During the time of this activity, I may be reached 24 hours a day at:

Night phone _____ Day Phone _____ Cell Phone _____

Address _____

If I cannot be reached in the event of emergency, the following person is authorized to act in my behalf:

Name _____ Phone _____

Address _____

Relationship to Participant _____

Physician's Name _____ Phone _____

Is aspirin type medication permitted? _____ Dosage _____

Additional Remarks _____

I give permission for my son(s) to receive emergency medical treatment if necessary.

Parent/guardian signature _____ Date _____

This form is necessary and required for all trips. No boy will be allowed to participate unless this form is turned in. We will do everything in our power to protect your son(s). There will always be adequate supervision by the adult Scouters and parents of the unit who will be on this trip.