

BSA TROOP 219 ACTIVITY PERMISSION/MEDICAL RELEASE FORM

EVENT: Junior Leadership Training
WHERE: Camp Kilworth
COSTS: None

ASSEMBLE AT: Church, Friday 4/6 @ 5:30pm
RETURN TO: Church, Saturday 4/7 @ 10pm

_____ has my permission to participate in this outing. In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

parent/guardian name

phone

alternate phone

parent/guardian signature

date

Special information leaders need to know (please list below):

_____ I will be attending this outing as an acting adult supervisor and am able to transport attendees as listed below.

_____ I will **NOT** be attending this outing, but I am able to transport attendees as listed below.

_____ To Destination _____ From Destination

Type of Vehicle _____ Number of seatbelts _____

I have submitted the necessary insurance documents YES _____ NO _____

This permission slip must be signed by a parent or legal guardian and returned to the Troop Tour Leader Shawn Madison by 9/23/11

OUTING DESCRIPTION: Junior Leadership Training at Camp Kilworth. Bring a sack dinner to eat on the ride to camp. All other food will be provided for the weekend. Scouts are required to bring their scout notebooks, scout handbooks, uniform, sleeping bag, extra clothes, toiletries, camp chair and other items they deem necessary

EMERGENCY CONTACT: Jena Marks (253) 312-9154

EXPECTED WEATHER: Cold/Rain/Hot/Sun

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Parent Copy

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