

**BSA TROOP 219 ACTIVITY PERMISSION/RELEASE FORM
PARENT PERMISSION/MEDICAL RELEASE FORM**

EVENT: Serving at Urban Grace Baptist Church
WHERE: 902 Market St. Tacoma, WA 98402
WHEN: Sunday Morning 9/30/2012 6:30:00 AM
ASSEMBLE AT: Emanuel Lutheran
RETURN TO: Emanuel Lutheran @ 9:30 -945
COST: \$0

_____ 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 meeting the week prior to the outing.

OUTING DESCRIPTION: We will be assisting at the free breakfast served by Urban Grace.

EMERGENCY CONTACT Rhonda Patrick 253-988-3313

