

Troop 165 Permission Slip

As the parent or legal guardian of _____ I hereby give my permission for this child to participate in an outing with Troop 165.

	<u>Time</u>	<u>Date</u>	<u>Location</u>
Drop off:	5:15p	Friday 4/27/2018	Crystal Lake Nature Center
Pick up:	Noon	Sunday 4/29/2018	Crystal Lake Nature Center

Activity: Grant Pilgrimage

Payment Due Date: April 24, 2018

Cost: \$ 30 *Option: Take This Amount From My Scout Account []*

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact

_____ at _____.

Signed: _____ Date: _____
(Parent or Guardian)

cut here and return the top with payment

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Note: Scouts should bring some spending money as they'll be purchasing their lunch on their own at this event.

**We'll be camping at Apple River Canyon State Park – Group Camp
8763 E Canyon Rd, Apple River, IL 61001**