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.

	Time	Date	Location
Drop off:	**6:30 AM**	**Sunday, June 23, 2019**	**Nature Center, Crystal Lake**
Pick up:	**3:00-4:00 PM**	**Saturday, June 29, 2019**	**Nature Center, Crystal Lake**

This is an estimate only. Several factors will influence the actual time.
Expect a call from your scout that afternoon with a more specific time.

Activity: Summer Camp at Ransburg Scout Reservation, Bloomington**, IN 47401**

Deposit: $50 (Final cost will be determined once all fundraiser proceeds are finalized)
Cash [ ] Check# [ ]
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)

Keep this portion for your reference during the outing

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Adult in Charge: Brian Moritz Cell (847) 372-8955 Email bmoritz0502@att.net

EMERGENCY PHONE NUMBER FOR RANSBURG SCOUT RESERVATION: 1-812-837-9423

Parents,

Please make sure your scout wears their field uniform (without their neckerchief) and brings a sack lunch for Sunday's trip to camp. Hand in all medications in a bag with their name and troop number before we leave. Make sure any electronics are sealed in a Ziploc bag with their name on it.