

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:	5:00p	8/9/2019	Crystal Lake Nature Center
Pick up:	12:00p	8/11/2019	Crystal Lake Nature Center

Activity: Canoe Camp, Larson's Landing, Effingham, IL

Payment Due Date: August 6, 2019

Cost: \$ 40.00 *Option: Take This Amount From My Scout Account []*

****Scouts are provide their own freeze dried trail food for each meal****

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)

	<u>Time</u>	<u>Date</u>	<u>Location</u>
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