

(Please return this permission slip with food money to your Patrol Leader by the Monday before the camping trip)

**IN CASE OF EMERGENCY**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the licensed Health-Care Practitioner selected by the Adult Leader in charge to secure proper Medical Treatment including hospitalization, anesthesia, surgery, or injections of medications for my child (or me if participant is adult).

My signature below indicates I agree to the above Medical Treatment Statement and gives permission for my son \_\_\_\_\_ to participate in all activities (unless noted below) at the (place and date of the trip ):

\_\_\_\_\_.

Today's Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ (relationship) \_\_\_\_\_

**Emergency Phone number/s:** \_\_\_\_\_  
( Name, ,number, relationship - if not parents)

**Other arrangements/instructions** \_\_\_\_\_

[ ] -NEEDS A RIDE [ ] - RIDING WITH: \_\_\_\_\_

[ ] -I CAN DRIVE # \_\_\_\_\_ scouts (total) (Drivers name: \_\_\_\_\_)

[ ] **FOOD/Fees - \$\_\_ CASH – NO checks (Patrol name \_\_\_\_\_)**

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