

Parent/Guardian Permission Slip

Troop 947 is planning: Summer Camp

Dates: June 20-26 Location: Friedlander Boy Scout Camp – Loveland, OH

Address: 581 Ibold Rd Loveland, OH 45140 Phone #: TBD

Departing From: Lakota West Freshman School on Tylersville Rd

Meeting Time: 11 A.M. Departing Time: Noon

Returning To: LOL

Returning Time: 11 AM Cost: _____

Transportation By: Troop Adults

Supplies to Bring: See separate packing list on troop website

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My son, _____ has permission to participate in
Summer Camp – Friedlander on (date) July 4-10, 2010

Is he in good physical condition with no serious illness or operation since his last health exam? Yes / No

Is he currently taking any medications? Yes / No.

Please specify medications: _____

Does he have any chronic or on-going medical conditions of which the leaders should be aware? (Examples are allergies, diabetes, ear infections, contact lenses, etc.) Please Specify: _____

Physician's Name: _____ Phone #: _____

Parent / Guardian Medical Insurance Coverage: _____

Contract / Policy #: _____

During this activity, I can be reached at: _____

Phone #: (_____) _____ Address: _____

If I cannot be reached, please contact: _____ Phone: (_____) _____

Parent / Guardian Signature Date

In the event that I cannot be reached in EMERGENCY, I hereby give permission to the Physician selected by the person in charge to secure emergency treatment for my son named above.

Parent / Guardian Signature Date

Note: The Boy Scout will not be allowed to participate in the above activity without parent / guardian permission.