

**Parent/Guardian Permission Slip**

Troop 947 is planning: Summer Camp

Dates: June 20-26 Location: Woodland Trails Boy Scout Camp – Camden, OH

Address: 265 Gasper-Somers Rd. Camden, OH 45311 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 – Woodland Trails on (date) June 20 – 26, 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.**