

BOY SCOUT TROOP 850

PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY AND EMERGENCY MEDICAL AUTHORIZATION

Note: This form signed by a parent or legal guardian must be returned to the Troop in order for the Scout to participate.

I hereby authorize my son, _____, to participate in the following activity
(Name)
sponsored by Boy Scout Troop 850:

Type: **Backpacking High Adventure**

Date: **July 9-19** **TURN IN DEADLINE: June 30**

Adult Leaders: **Rottmueller, Smith, Wissemeier, Metz, Hertlein**

I also hereby authorize the above-named adult leaders to secure any necessary emergency medical treatment for my son in the event I cannot be reached in an emergency and in connection therewith appoint such adult leaders, and each of them, as my attorneys-in-fact to execute in my name and stead such consents, waivers, forms or other documents which may be necessary to secure such medical treatment. My son is covered by the following health insurance:

Name of Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Phone No. _____

✂ _____

PARENT/GUARDIAN RETAIN THIS SECTION

Departure Time: **THURSDAY, July 9 at 6:00 AM**

Location of Activity: **Bridger-Teton National Forest, WY**

Place and Time of Return for Pickup: **Sunday, July 19--dropped at home**