

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: **Clifty Falls State Park**

Date: **March 12-14**

TURN IN DEADLINE: March 9

Cost: **Free!**

Use Funds in Personal Account? yes ___ no ___

Departure Place and Time: **St. I parking lot, Friday, 5:30 pm**

Return Place and Time: **St. I parking lot, Sunday, 2:00 pm**

Adult Leaders: **Rottmueller, Matthews, Branscum, Boeckermann**

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 plans to participate as follows: 1. Attend? yes__ no__

2. Assist with driving? yes __ no __

✂ _____

PARENT/GUARDIAN RETAIN THIS SECTION

Departure Time: **5:30, Friday, March 12**

Location of Activity: **Clifty Falls State Park**

Place and Time of Return for Pickup: **St. I rear lot, 1:00 pm, Sunday, March 14**