

## 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: **Klondike Derby--Camp Michaels**

Date: **January 9-11**                      TURN IN DEADLINE: **December 16**

Cost: **\$18**                                      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, 10:30 am**

Adult Leaders: **Rottmueller, Hertlein, Matthews, Cioline**

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\_\_

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PARENT/GUARDIAN RETAIN THIS SECTION

Departure Time: **5:30, Friday, January 9**

Location of Activity: **Camp Michaels, Union, KY**

Place and Time of Return for Pickup: **St. I rear lot, 10:30 am, Sunday**