

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Halloween Party
Located at: The Tack's house at 18121 Stratford Circle, Villa Park
Troop will meet at The Tack's Date Tues., Oct. 30th Time 7:30 p.m. – 8:45 p.m.
In case of emergency, call the Tacks – 289-2468

Commitment: Turn in signed permission slip at the event.

Wear: - your most creative costume – there will be a contest!

Keep the above information. Complete, sign, and send form below by date indicated.

TEAR HERE

PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son, _____, be permitted to go with Troop 850 on a trip to Halloween Party on October 30, 2007. He is in good physical condition and can participate in this event. Should any illness or accident occur to him on the trip. I will not hold liable the Boy Scout Council of Orange County, its officers, or Troop leaders and other participating adults for it or for medical aid rendered, and will reimburse the Boy Scout Council of Orange County or Troop 850 for medical or other expenses incurred in the care of my son.

I am () one of the parents having legal custody, I am () the parent having legal custody, I am () the legal guardian (check applicable) of my above-named son, a minor. I hereby authorize the giving of first aid to my son. I further authorize any adult leader of Troop 850 on the above event to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. Parents will be contacted immediately if possible. This authorization is given pursuant to California Civil Code Section 25.8.

Doctor (Name and City) _____ Phone _____
Christian Science Practitioner (Name and City) _____ Phone _____
Medical Insurance Carrier _____ Policy or I.D. No. _____
Date of last tetanus shot _____ Allergic to _____
Parents' Phone _____ Emergency Contact _____ Phone _____
Dated _____ Signature _____

Parent or Legal Guardian