

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Backpack – Forest Falls to Vivian Creek
Located at: San Bernardino Mountains – near Forest Falls
Troop will meet at Peterson's – 4736 E. Stetson Lane, Orange Date Sat. November 10, 2007 Time 7:30 a.m.
Troop will return to Peterson's Date Sun. November 11, 2007 Time 2:00 p.m.
In case of emergency, call Cathie Peterson (home 639-4678 - cell 335-7308)

Commitment: Turn in signed permission slip to Troop meeting or Mr. Peterson by Tuesday, October 30, 2007

Bring:

- Sack lunch
- Money for Patrol food
- Boy Scout Handbook
- Sleeping bag/pad
- Personal items
- Backpack (Troop has some – “first come, first served” at Oct. 30 Halloween Troop meeting. Can also rent one from R.E.I.)
- Jacket (will be cold at night)
- Sunscreen (put on before leaving)
- Water (bottle or canteen)
- **Check Backpack packing list!**

Wear: - Comfortable non-Scout clothes - Shoes/boots suitable for hiking - hat for hiking

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

TEAR HERE

DADS _____ I'm going on the campout, driving, hiking and spending the night
_____ I can drive on Saturday _____ I can drive on Sunday _____ I can take AND pick up _____

Year, make and model of car _____
Number of seat belts _____
CA Driver's License _____
Cell Phone # _____

PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son, _____, be permitted to go with Troop 850 on a backpack from Forest Falls to Vivian Creek the San Bernardino Mountains, on Nov. 10 & 11, 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

10/06 Permission Slip (Troop 850)