

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Villa Park Pancake Breakfast
Located at: VP Firestation 23 on Villa Park Road near Hewes
Troop will meet at VP Firestation 23 Date Sunday, October 7, 2007 Time 6:30 or 9:30
Troop will return to VP Firestation 23 Date Sunday, October 7, 2007 Time 9:45 or 12:30
In case of emergency, call Lori McNair (home 974-5075 or cell 856-0301)

Commitment: Turn in signed permission slip to Mr. Peterson by Tuesday, September 25, 2006

Bring: - If desired, a hat and sunscreen
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Wear: - Troop T-shirt (if you have one from Summer Camp or Banana II)

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

TEAR HERE

I will work _____ **6:30 to 9:30**
_____ **9:00 to 12:30**
_____ **Dad and/or Mom too**

PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son, _____, be permitted to go with Troop 850 on a trip to VP Pancake Breakfast, on October 7, 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