

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: To visit a driving Range at The Island Golf Center

Located at: 14893 Ball Road, Anaheim, CA 92806

Troop will meet at Cerro Villa Date Tuesday, October 16th Time 7:00 p.m.

Troop will return to Cerro Villa Date Tuesday October 16th Time 8:45 p.m.

-In case of emergency, call Cathie Peterson at (714) 639-4678 or (714) 335-7308

Commitment: Bring your signed permission slip with you to Cerro Villa on October 16th along with \$5.00

Bring: - \$5.00

Wear: - A Troop or Boy Scout activity T-shirt

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

TEAR HERE

___ I CAN DRIVE ONE WAY (to___ from___) ___ I CAN DRIVE BOTH WAYS

___ I CAN DRIVE BOTH WAYS, AND I PLAN TO STAY AND PLAY

MAKE & MODEL AND YEAR 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 trip to The Island Golf Center on Oct. 16, 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