TROOP 850 PERMISSION SLIP

TROOP 850 is planning: **Banana II—Troop Leadership Training**
Located at: **Camp Buckhorn, Idyllwild**
Troop will meet at **McNair's Home** **Date Saturday, Sept. 16** **Time 7:30 a.m.**
814 Vista Del Gaviota, Orange, CA 92865
Troop will return to **McNair's Home** **Date Sunday, Sept. 17** **Time 3:45 p.m.**
In case of emergency, call **Lori McNair (974-5075)**

Commitment: Permission Slip is due on or before Tuesday, August 22nd.. Mail to McNair's or place it in the duck. (We have to have time to order the tshirts!) No event fee required.

Bring:
- Personal gear
- Sleeping bag
- No uniform required

PARENTS: *Keep the above information. Complete, sign, and return bottom portion, even if you'll be attending with your son.*

COMMITMENT AND T-SHIRT INFO

DAD **___ I can go, too. Vehicle holds _____ (including driver, with seat belts)**

Cell phone number _____ Dad's Driver's License # _____

Dad's T-shirt size is _____ Vehicle make/model/year _____

SCOUT'S T-Shirt Size _____ (Note: All T-shirts are men's T-shirt sizes)

PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son, _____, be permitted to go with Troop 850 on a trip to Camp Buckhorn, Idyllwild, on Sept. 16-17, 2006. 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

7/05 Permission Slip (Troop 850)