

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Troop Holiday Party
Located at: The Izing's home
Troop will meet at The Izing's 2767 E. Vista Ridge, Orange Date Tuesday, Dec. 13, 2005 Time 7:30 p.m.
Troop will return to The Izing's Date Tuesday, Dec. 13, 2005 Time 8:45 p.m.
In case of emergency, call Lori McNair 714-974-5075 (home) or 714-856-0301 (cell)

Commitment: Turn in signed permission slip NO LATER THAN December 6, 2005.

Bring: - \$10 wrapped gift for the gift exchange

**The Izings' home is in a gated community. The code to enter the gate is 4832. Their phone number is 637-8220.

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 Troop Christmas Party, on December 13, 2005. 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