

# TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Day Event to Magic Mountain

Located at: Valencia, CA

Troop will meet at McNair's house 814 Vista Del Gaviota, Orange Date Saturday, Jan. 14, 2006 Time 7:30 a.m.

Troop will return to McNair's house Date Saturday, Jan. 14, 2006 Time 7:30 p.m.

In case of emergency, call Lori McNair (974-5075 home or 856-0301 cell)

**Commitment:** Turn in permission slip and \$21.50 to the duck, or bring it to a meeting no later than January 10, 2006.

**Cost:** Scouts - \$21.50  
Chaperoning-Driving Adults – free!

**Bring:**

- sack lunch & snacks, or money for lunch, snacks & drinks (plan ahead – we won't be stopping for dinner), and money for a locker, if desired.
- your cell phone, if you have one
- warm jacket (it will be cold after dark)

**Wear:** - comfortable non-Scout clothes

**Note:** Scouts – be sure to talk with your fellow Scouts to make sure that anyone you want to hang out with enjoys the same rides you do! We will be enforcing the buddy system!

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

***TEAR HERE***

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\_\_\_\_ I can drive and stay for the day ( \_\_\_\_ Mom \_\_\_\_ Dad) Make, Model & Year of Car \_\_\_\_\_

\_\_\_\_ Number of passengers, including driver Driver's License # \_\_\_\_\_

\_\_\_\_ Driver's cell phone number \_\_\_\_\_ Scout's cell phone number

## PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son, \_\_\_\_\_, be permitted to go with Troop 850 on a trip to Magic Mountain, on January 14, 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