

TROOP 850 PERMISSION SLIP

TROOP 850 is planning: Miniature Golf at Camelot Golfland
Located at: 3200 E. Carpenter Avenue, Anaheim
Troop will meet at Camelot Golfland Date Tuesday, May 9th Time 7:30 p.m.
Troop will return to Camelot Golfland Date Tuesday, May 9th Time 9:00 p.m.
In case of emergency, call Mike McNair (562-477-5247) or Lori McNair (856-0301)

Commitment: Turn in signed permission slip to Mr McNair or the duck by Tuesday, May 2nd

Bring: - The Troop will pay for golfing, but if you want to play games or get food, you should bring \$\$

Wear: - Comfortable, non-Scout clothing

***Parents – please note that you are to deliver your son to Camelot and pick him up there when it is done. You are welcome to stay and help chaperone.

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 Miniature Golf at Camelot, on May 9, 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