

BOY SCOUT TROOP 850

**PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY
AND EMERGENCY MEDICAL AUTHORIZATION**

Note: This form signed by a parent or legal guardian must be returned to the Troop in order for the Scout to participate.

I hereby authorize my son, _____, to participate in the following activity
(Name)
sponsored by Boy Scout Troop 850:

Type: **Service Campout at Fort Ancient**

Date: March 13-15, 2020 **TURN IN DEADLINE: March 10, 2020**

Cost: **\$15** Use Funds in Personal Account? yes ___ no ___

Departure Place and Time: **St. I parking lot, Friday March 13, 5:30PM**

Return Place and Time: **St. I parking lot, Sunday March 15, approx 11:00AM**

Adult Leaders: **Dan Ogilvie, Jim Walro, Jason Covarrubias, Allyson Moyer, Janine Goodin, Tom Meiser, Bryan Gehrum, Kirk Greiner, Robert Boeckermann**

I also hereby authorize the above-named adult leaders to secure any necessary emergency medical treatment for my son in the event I cannot be reached in an emergency and in connection therewith appoint such adult leaders, and each of them, as my attorneys-in-fact to execute in my name and stead such consents, waivers, forms or other documents which may be necessary to secure such medical treatment. My son is covered by the following health insurance:

Name of Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Phone No. _____

Parent plans to participate as follows: 1. Attend? yes__ no__ Name _____

2. Assist with driving? yes __ no __

✂ _____

PARENT/GUARDIAN RETAIN THIS SECTION

Departure Time: **5:30PM, Friday March 13**

Location of Activity: **Fort Ancient**

Place and Time of Return for Pickup: **St. I rear lot, approx 11:00AM, Sunday March 13
(parents will be called with actual pick-up time)**