**BOY SCOUT TROOP 850**

**PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY**

**AND EMERGENCY MEDICAL AUTHORIZATION**

***Note***: *This form must be signed by each adult participant or by a parent or legal guardian of each Scout participant. Check applicable box(es) below:*

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize my son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Troop 850 activity described below.
* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, intend to be an adult participant in the Troop 850 activity described below.

 Type: **Backpacking Trip @ Lake Vesuvius (Pedro, OH)**

 Dates: November 2-4 **TURN IN DEADLINE: October 30**

 Departure Place and Time: **St. I parking lot, Friday, 5:30 pm**

 Return Place and Time: **St. I parking lot, Sunday, 2:30 pm**

 Adult Leaders: **Ogilvie, Rottmueller, Hertlein, Walro, Gehrum**

I hereby authorize the above-named adult leaders to secure any necessary emergency medical treatment for myself, if I am an adult participant and am unable to secure treatment for myself, and 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 and I are covered by the following health insurance:

Name of Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_