

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 sponsored by Boy Scout Troop 850:

Campout: **Twin Lakes/Hoosier National Forest**

Date: **April 8-10**

TURN IN DEADLINE: April 5

Cost: **\$32**

Use Funds in Personal Account? yes ___ no ___

Adult Leaders: **Rottmueller, Hertlein, Branscum, Bellman, DeNoma, Wissemeier**

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 __

⌘< _____ Tear off and Keep Lower Half _____

Departure Time: **5:30, Friday, April 8**

Location of Activity: **Twin Lakes area of Hoosier National Forest, Indiana**

Approximate Return: **2:30 pm, Sunday, April 10 (1 hour window) (You will be called with a more exact time)**

Be Prepared

- Must attend the Troop meeting on April 5 for Campout preparation
- Check Troop850.org for gear list
- Remember uniforms –
 - Friday – green Class B Saturday – yellow Class B Sunday – orange Class B
- Pack a separate small bag to keep with you with –
 - Water bottle (filled), flashlight
 - Saturday trail clothes & Sunday travel clothes