

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: **Wright Patterson AFB**

Date: **March 18-20**

TURN IN DEADLINE: March 8

Cost: **\$30**

Use Funds in Personal Account? yes ___ no ___

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

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, March 18**

Location of Activity: **Wright Patterson AFB**

Approximate Return: **10:30 am, Sunday, March 20 (1 hour window) (You will be called with a more exact time)**

Be Prepared

- Attend the Troop Meeting on March 8 for Campout preparation
- Check Troop850.org for gear list
- Remember Uniforms –
 - Friday – green Class B Saturday – yellow Class B Sunday – Class A
- Pack a separate small bag to keep with you with –
 - Water bottle (filled), flashlight, mess kit and cup