**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: **Winter Bushwhack Hike, John Bryant State Forest, Clifton Gorge**

Date:  **1/6/2023 TURN IN DEADLINE: 1/2/2023**

Cost:  $10 (check the one that applies) – □Personal Account□Online   □  Cash/Check

[**Online Payment Link**](https://app.autobooks.co/pay/east-monfort-heights-scouting-assoc)

Departure Place and Time: **St. Ignatius 7:30 am**

Return Place and Time: **St Ignatius approximately 4pm**

Adult Leaders: **Jeremy Menner, TBD**

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 \_

**\*\***I understand this campout will be cancelled if there are not enough adults to attend **\_\_**Yes