

TROOP 69 PERMISSION SLIP

Due By: 3/10/10 Event LDR: Mr Cramer LDR Phone #: 847-404-2718

Outing: Wilderness Survival Dates: March 12 – March 14

Cost: \$31.00

Start Time: 5:30 pm Approx. Return Time: 12:00 Noon

Activity Location: Camp Lakota Phone #: 815-338-6820

Campout Location: 2050 Deep Cut Road, Woodstock, Illinois Phone #: _____

Additional Comments: _____

(KEEP THIS TOP PORTION)

(RETURN THIS BOTTOM PORTION)

PARENTS PLEASE NOTE:

SCOUTS MUST HAVE A SIGNED PERMISSION SLIP FOR ALL OUTINGS, WHETHER ACCOMPANIED BY A PARENT OR NOT. ALL INFORMATION MUST BE PROVIDED BEFORE YOUR CHILD WILL BE PERMITTED TO PARTICIPATE.

I/WE GIVE PERMISSION FOR: _____

TO ATTEND: Wilderness Survival Campout ON: March 12th-March 14th

TO BE HELD AT: Camp Lakota Woodstock II

FURTHER, **WE AUTHORIZE** A DOCTOR AND/OR MEDICAL INSTITUTION OR TROOP LEADERS, IF NECESSARY, TO RENDER TREATMENT OF INJURIES OR ILLNESS SUSTAINED BY OUR CHILD DURING THIS OUTING. WE AGREE TO PAY ALL EXPENSES FOR SAID TREATMENT OR ARRANGE FOR COVERAGE BY INSURANCE, AND HOLD HARMLESS THE BOY SCOUTS OF AMERICA, NORTHWEST SUBURBAN COUNCIL, TROOP 69, AND IT'S CHARTERED ORGANIZATION, AND ANY ADULT LEADERS CONNECTED WITH THIS TROOP OUTING, FOR ANY AND ALL CAUSES THAT MAY ARISE IN CONNECTION WITH THE ACTIVITY LISTED ABOVE, WITH OUR SON OR WARD.

Signature of Parent/Guardian

PAID Cash \$ _____ Check \$ _____ Or deduct \$ _____ From my Scout account for this outing.

PLEASE PROVIDE TWO EMERGENCY CONTACT NUMBERS

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Medications youth will be taking while on outing: _____

IF PARENT WILL BE DRIVING/VISITING THE CAMPOUT, WE MUST HAVE THE FOLLOWING INFORMATION

I will arrive: Fri Sat Sun Arrival Time: _____

I will be camping overnight on: Fri Sat I will NOT be camping

Name: _____ DL#: _____

Year and make of vehicle: _____ Capacity (seats w/belts): _____

Insured amounts (public liability): Per Person \$ _____ Per Accident: \$ _____ Property Damage \$ _____