

TROOP 399 CABIN CAMPOUT March 2-4, 2012

Due No Later Than February 20, 2012

PARENTAL PERMISSION AND EMERGENCY MEDICAL FORM

As a parent or guardian I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger said minor's life, cause disfiguration, physical impairment, or undue discomfort if delayed. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment of patient but that treatment will not be withheld if the undersigned cannot be reached.

My son(s), _____ has my permission to attend the **Troop 399 Cabin Campout, March 2-4, 2012**. I am familiar with the details of the activity and have provided my son with the necessary funds and equipment. I will be sure that he does not attend if he is not in good physical condition on the dates shown above. During the activity I can be reached at:

Home Phone: (_____) _____ Cell Phone: (_____) _____

If I cannot be reach contact (Name) _____ Relationship: _____

Their phone # is (_____) _____

Date: _____ Signed by: _____

Transportation for my son:

My son will be driven to and from the event by: _____

I will be attending the Campout: (Parent Name) _____

Comments: _____

(Check one): My son is _____ or is not _____ currently taking any medication.

If he is, please list all medications and instructions on the reverse side of this form or on a separate piece of paper submitted to the tour leader at the time this form is turned in. If your son begins taking medication between the time this form is submitted and the trip begins, it is the parents responsibility to notify the tour leader prior to leaving for the event.

Cost: \$22 per person Wood project if you wish to make the Storage box is \$10 per person

Each Scout and or Adult attending	Patrol	Cash	Check #	Amount
Grand Total				

TROOP 399 MEDICATION INFORMATION

If your son is taking any medication please complete this section of the form. If you wish to keep this information confidential, put this information in a sealed envelope and mark it "TOUR LEADER ONLY" and staple it to the permission slip.

My son _____ is currently taking the following medications:

Medication Name	Dosage instructions	Reason for medication
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Special instructions:

Medication Name	Dosage instructions	Reason for medication
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Special instructions:

Medication Name	Dosage instructions	Reason for medication
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Special instructions:

ALLERGY INFORMATION: Are there any food allergies that we should be aware of? We will have Peanut Butter and Jelly sandwiches if the boys really don't like a meal, if your child has allergies to some foods please inform us here.
