

***** PARTICIPATING **ADULT** INFORMATION *****

Due back by November 14, 2011

Troop 399 Sub and Luge Trip

February 18-19, 2011

Submarine: Great Lakes Naval Memorial and Museum - 1346 Bluff Street, Muskegon, MI 49441

Luge: Muskegon State Park - 462 Scenic Dr N Muskegon, MI 49445

Adult Name: _____

Check all that apply: Leader or Volunteer Parent of Scout (name)_____

Email: _____ Circle Gender: M or F

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

Driver information: I will drive: Use driver info on file Use information below
 I can help with rides. I can take _____ additional passengers.
 Carpooling desired for: Me My Scout (name)_____

Driver's License #: _____ State _____

Car Insurance Provider _____ Policy # _____

Car Make & Model: _____

Emergency Information:

In an emergency, contact (Name) _____ Relationship: _____

Their phone # is (_____) _____

Payment method: Cash \$ _____ Check # _____ /Check Amt \$ _____ Scout Acct _____

Are you taking any medications? No Yes

If yes, please fill out the back of this form, in case emergency medical attention is required and you are unable to speak to medical personnel on your own behalf. If you wish to keep this information private, see instructions on back of this form.

ALLERGY INFORMATION: Are there any food, drug or materials allergies that we should be aware of, such as nuts, penicillin or latex? Unfortunately we are not able to prepare special food in all cases but we can let you know our menu so that you can plan accordingly.

Date: _____ Signed by: _____

TROOP 399 MEDICATION INFORMATION

If you are taking any medication, please complete this section of the form.

If you wish to keep this information confidential, check “Yes” on the ‘taking medication’ question and include the information below on a separate sheet of paper. Put the information in a sealed envelope, mark it “TOUR LEADER ONLY” and staple it to the permission slip.

Name: _____ Date: _____

I am currently taking the following medications:

Medication Name	Dosage instructions	Reason for medication
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_____	_____	_____
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Special instructions: _____

Medication Name	Dosage instructions	Reason for medication
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_____	_____	_____
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Special instructions: _____

Medication Name	Dosage instructions	Reason for medication
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_____	_____	_____
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Special instructions: _____