

B. S. A. TROOP 299 PERMISSION SLIP

My son _____ has my permission to

Attend the: Overnight hike and camping in the Olympic National Park starting at the Staircase park entrance and hiking 3.5-6.5 miles to Spike or Big Log camps.

I am familiar with the details of this activity. I will be certain that he does not go if he is not in good physical condition and good health. In consideration of the services donated by others, I will hold free from all liability, in case of accident or illness, Boy Scout Troop #299. I further understand and agree that any serious infraction (s) of camp or troop rules by my son could result in his dismissal from the aforementioned activity. Return transportation under such circumstances will be my responsibility. During this activity I can be reached at (Location)_____.

Phone No. _____, Alternate Phone No. _____.

Other contact in case of emergency:

Name: _____ Phone No. _____.

Date: _____ Signed (X): _____
Parent or Guardian

TO WHOM IT MAY CONCERN:

As a parent and/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 his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of Minor: _____ Relationship _____

Date or dates when release is intended: 5/15/10-5/16/10

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed (X) _____

Parent or Guardian Name: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illnesses, current medication or other conditions: