

Troop 299
Summer Camp Permission Slip
Camp Meriwether

My Son _____ has my permission to attend the Boy Scout Summer Camp at Camp Meriwether from July 25, 2010 through July 31, 2010. This camp offers many unique programs for the scout including snorkeling, oceanography and mountain biking.

Directions to Camp Meriwether:

From Portland, take Hwy 26 west to Hwy 6 near Banks. Take Hwy 6 west to Tillamook. From Tillamook take Hwy 101 south (11 miles) to Cape Lookout sign, turn west. (If you get to Hebo you have gone too far.) From the Cape Lookout sign, follow Sandlake Rd (4 miles) to the Camp Meriwether sign and the entrance to the camp.

Where to Send Mail?

[Scout Name], Troop 299
Camp Meriwether, July 25 – July 31
17500 Cape Lookout Road
Cloverdale, OR 97112

I am familiar with the details of this activity. I will be certain that my scout 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 activity.

Return transportation under such circumstances will be my responsibility. During this activity I can be reached at (Location) _____.

Phone No.: _____, Alternate Number: _____

Other Contact in case of Emergency

Name: _____ Phone Number: _____

Date: _____ Signed: _____

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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: July 25th – July 31st, 2010

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: