PERMISSION SLIP

As the parent or legal guardian for _____
I give my permission for him to attend the following outing with Boy Scout Troop 184

Dates: Mar 19 - 21 2010 | Time of Departure: Lilley | Mar 19 | 6:30pm
Destination: Ockanickon | Approx. time of Return: Lilley | Mar 21 | Noon ish
Bucks County, PA

Webelo II Invitational - Commanche - Adirondack site

I give permission to the leaders of the Troop 184 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the Troop 184 and it's leaders blameless for any accidents that might occur during this outing except for clear acts negligence or non-adherence to Boy Scouts of America policies and guidelines.

Primary Emergency Contact - Please print

Name: _____ Home Tel: _____ Cell: _____

Alternate Contact

Name: _____ Home Tel: _____ Cell: _____

Parent / Guardian Signature and Date: _____

Trip Cost is: $25.00 Method of Payment: (circle one) Cash Check Credit

Mileage to camp - one way
75 miles

Can you provide transportation for this trip if necessary? Yes / No

_____ I can take on Friday _____I can go get them on Sunday _____I can go for the weekend if I am needed

How many seats do you have with seat belts? (circle one) 2 3 4 5 6 Is your vehicle insured? Y / N
(do not include the drivers seat)

Make and Model of vehicle _____. License # _____
(Vehicle and license information is needed for insurance purposes only)

Scouts, return this half of the Permission Slip to the Scribe with payment

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Scouts, Keep this half for your camping record

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Bucks County, PA

Emergency Contact:

If emergency contact is needed with the Troop during the outing please contact:
Cathy Goerke Home: 856-875-6542 Cell: 856-562-0951
Donna Deck Home: 856-346-2449 Cell: 856-981-3968