**PERMISSION SLIP** (Parents keep this part) **TROOP 583**

# ACTIVITY

Your signature is required in order that your son may participate in the following activity. If you will attend please check adult. If you will drive please include TOTAL NUMBER OF SEATBELTS.

WHAT: Mesa Verde Camp Out

Leave: 8/12 Time: 8:30 AM

Return: 8/14 – 6 PM

Purpose: \_\_Campout and sight visit with hiking\_\_\_\_\_\_\_\_\_\_\_

Permission slip due**: 8/9/16**

Emergency call: Tony Richardson 303-478-2852

(This is the contact person in Denver.)

Scout In-Charge contact: \_\_James Park\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult In-Charge contact: \_\_Midori R. / Carol P.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Activity Cost:  Scout: $25.00  Adult: $25.00 |  |  |

Food Cost:

**Patrol Equipment List: typical**

|  |  |  |
| --- | --- | --- |
| Hiking Day Packs |  |  |
|  |  |  |

**Individual Equipment:**

**See Packing List**

**Special Instructions and Essentials:**

**PERMISSION SLIP** (Scoutmaster carries this part) **TROOP 583**

slip must be turned in by the date noted

# WHAT: MESA Verde Campout

Leave: 8/12/16 : Peace Lutheran Time: 8:30 AM

Return: 8/14/16 : 6 PM at Peace Lutheran

Drive: ( ) No ( ) Yes, total number of seat belts \_\_\_\_\_\_\_\_

PARENT NAME: PHONE:

Adult Attending ( ) Yes ( ) No

SCOUT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATROL: \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

By signing below I acknowledge that some dangers are inherent in every activity including this one. I give my permission for my son to participate in the above activity.

SIGNATURE:

If you do not wish your son's picture to appear in the troop web site check here. [ ]

In case of emergency, I understand that every effort will be made to notify me. In the event I cannot be reached, I give permission to the physician selected by the leader to hospitalize and secure proper treatment, including surgery for my son.

SIGNATURE: DATE:

DOCTOR'S NAME: PHONE:

PRIMARY INSURANCE COMPANY

POLICY NUMBER

Please list any medication, prescription drugs, allergies, or dietary conditions, which should be known by the leader.