

Boy Scout Troop 123 – Parent Consent Form

This form must be returned no later than: **FRIDAY 2/26/09**

Trip contact person: Rick Friedenbergl **Phone:** 456-8636

Destination: WHITEWATER RAFTING TRIP

Dates: FRIDAY MAY 14TH –SUNDAY MAY16TH

Departure From: SACRED HEART AT 5.30 PM

COST: \$65 PER PERSON + YOUR PATROL FOOD COSTS

Special note:WE WILL DEPART FRIDAY PM. DINNER AT MCDONALDS ON THE ROAD. SAT- TROOP COOKS BREAKFAST, THEN GO RAFTING- BREAK FOR PREPAID BOX LUNCH ON THE RIVER, AFTER RAFTING, PLAYTIME. TROOP COOKS SAT DINNER THEN MORE PLAYTIME AND ACTIVITIES, AS WELL AS TROOP CAMPFIRE. SUN- TROOP COOKS BREAKFAST AND WE DEPART.

TRIP: WHITEWATER RAFTING TRIP

My son _____ has my permission to go on the trip indicated above with Troop 123. The undersigned parent/guardian hereby consents to emergency care and treatment to be given to the above named Scout in the event he/she shall become ill, injured or is involved in an accident. The necessity for such care and/or treatment shall be left to the medical discretion of the attending physician. The undersigned parent/guardian also agrees to hold harmless of any indemnity, registered adults of Troop 123 and any other non-registered adults in attendance at the above indicated trip knowing that all necessary precautions for the safety and welfare of the scouts has been taken.

IN CASE OF EMERGENCY:

PLEASE NOTIFY _____

HOME PHONE # _____ CELL # _____ OTHER

#: _____

Troop 123 **must be made aware** of any special medical attention your child needs for conditions, such as, but not limited to allergies, asthma, diabetes, epilepsy, heart condition, etc. The Scoutmaster or other trip leader reserves the right, in instances of special medical conditions, to require parental attendance on the trip as a condition of the scout's participation. Trip leadership reserves the right, as well, to disallow participation on the trip by any scout in the event the parent/guardian of such youth is requested and does not attend.

SPECIAL MEDICAL INSTRUCTIONS AND/OR REQUESTS:

MEDICAL INSURANCE COMPANY: _____

MEDICAL INSURANCE POLICY NO: _____

Number attending: Youths _____ Adults _____

I can drive: YES or NO (CIRCLE ONE) Both ways: _____ Going _____ Returning _____

I can take: Youths _____ Adult _____ Packs/luggage _____

DATE: _____

Parents/Guardian signature

A fully completed form is required for all youths even if parent/guardian is in attendance.