

## Boy Scout Troop 123 – Parent Consent Form

This form must be returned no later than MARCH 5TH

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

**Destination :** APRIL ACRES RANCH FOR HORSE BACK RIDING TRIP

**Dates:** APRIL 9<sup>TH</sup> THRU APRIL 11<sup>TH</sup>

**Departure From:** SACRED HEART 5.30 PM

**COST:** \$45.00 PER PERSON + COST OF USUAL PATROL FOOD COSTS

**Special note: LOTS OF FUN- YOU HAVE SEEN ME FALL ON SKATES NOW WATCH ME FALL OFF A HORSE.**

(Tear off top and keep for your information)

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### TRIP TO: APRIL ACRES RANCH

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

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

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