

TROOP 209 PERMISSION FORM

TREK TO: Mistletoe Harvesting		DATE: Sat.11/29/08	
Destination: Angeles National Forest		Method of Transportation: Car	Cost per Person: \$ 5.00
Departing From: Methodist Church / 700 N. Glenoaks Blvd			At: 7:00am
Returning to: Methodist Church / 700 N. Glenoaks Blvd			At: 2:00pm
Trek Leader: Brian Seaver		Phone: 818-406-8012	Trek Leader Phone:
Each Scout should bring (this is not an all inclusive list): Class B shirt, work pants, hiking or work boots, 10 Essentials , water, sack lunch, work gloves, hand pruners (if you have)			
In case of emergency, the adult in charge will contact this person who will get in touch with all parents: Sandie Seaver		Phone: 818-371-7025	Scout Master Approval: Phone: Jim Roope 818-846-6589

Detach Form Here and Keep Upper Half

TO BE COMPLETED BY PARENT OR GUARDIAN return to trek leader by: Tues. 11/25/08				
Scout Name:		Has permission to participate with Troop 209 in: Mistletoe Gathering	On: Sat. 11/29/08	
At a cost of: \$ 5.00	<input type="checkbox"/> Check box to take the cost of this outing from your son's scout account			
I WILL / WILL NOT attend this outing (circle one)				
Address where I may be reached during activity:		Phone #:	Alt. Phone:	
If you cannot reach me, contact:	Address:	Relationship:	Phone:	
I CAN / CANNOT provide transportation (circle one)		If yes, how many seatbelts?		
Vehicle Information (if driving):				
Make:	Model:	Year:	License Plate #:	Driver's License #:
Vehicle Insurance Coverage (if driving):	Property Damage: \$	Liability each person: \$	Each accident: \$	
EMERGENCY CONSENT: In the event of illness or injury occurring to my son during his attendance at this authorized unit activity, I do hereby consent in advance to whatever X-ray, examination, anesthesia, medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician or performed by or under the supervision of a member of the medical staff of the hospital furnishing medical service. I understand, in the event of a serious illness or injury, reasonable effort to reach me will be attempted.				
Necessary medications (labeled), restrictions or precautions for this outing, for above named scout (indicate if none):				
*Class 1 medical form is taken on every outing for all participants. Health insurance information will be referenced only in case of emergency.				
Signature of Parent or Guardian:			Date:	