

# TROOP 209 Permission Slip

**RETURN BY:**

<b>Troop 209 is Planning: <span style="font-size: 1.2em;">Aviation Merit Badge</span></b>			
Date: 2/23/08	Destination: <i>Whitman Airport</i>	Method of Transport: Car	
Departing From <i>First United Methodist Church</i> 700 Glenoaks Burbank, CA 91502	AT: 8:15 am	Returning to: FUMC	AT 12:30 pm
The Adult(s) in Charge will be: Walt Sturrock		Phone: Cell: (818) 497-2334	
Your Son Should Bring: • Wear class A uniform • Study the handout on the different parts of a plane, the cockpit, and 4 basic forces of flight. • Bring paper and pen		Cost per Boy: Free	
IN CASE OF EMERGENCY, the adult in charge will call <u>this person</u> who will call all parents:		PHONE NUMBER: Beth Sturrock (818) 497-0700	
SIGNATURE of TROOP LEADER: <i>Jim Roope</i> (by Prior Arrangement)		Phone Number: (818) 846-6589	

-DETACH FORM HERE-

<b>TO BE COMPLETED BY PARENT OR GUARDIAN</b> (COMPLETE AND RETURN TO TREK LEADER BY: _____)				
My son's full NAME:	Has permission to participate in:	ON:	AT A COST Of:	With Troop: <b># 209</b>
Address where I may be reached during activity:			Phone #:	
If you can not reach me, CONTACT:	ADDRESS:	Relationship to son:	Phone #:	
<b>EMERGENCY CONSENT</b>				
In the event of illness or injury to my son during his attendance at his 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 judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical service. <b>I understand that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.</b>				
Necessary medications (labeled), restrictions or pre-cautions for above named SCOUT (indicate if NONE):		Primary Insurance Carrier: Carrier: _____ Group #: _____		
YES ___ NO ___ I will be attending this activity	Vehicle info: MAKE: _____ MODEL: _____ YEAR: _____			
YES ___ NO ___ I can provide Transportation for _____ SCOUTS	Insurance: _____ Property damage _____ Liability: Per PERSON _____ per ACC. _____			
Signature of Parent or Guardian:			DATE:	

<input type="checkbox"/> Please take the cost of this outing from my son's Troop Account – SIGNATURE: _____
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