**Troop 23 Parental Permission Slip**

**Camping at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mon/Day(s)/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give my permission for my minor child to participate in the camping trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 The Troop will meet at Dormont Elementary at \_\_\_\_\_\_ AM/PM on \_\_\_\_\_\_\_\_\_\_\_ and return to

 Dormont Elementary School on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at approximately \_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

**Please arrive on time**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFO** In case of an emergency, we will contact the parent listed below. We request that the parent provide another contact (not living at the same address) who is authorized by the parent to act on his/her behalf should the parent not be available. Also if you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of such person. During the activity, I may be reached at:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE CONTACT**

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name

Phone Relation to participant

Additional Remarks

**HEALTH CONSIDERATIONS**

PLEASE list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. You may also include the name of the hospital or doctor of your choice and their phone numbers on the back of this form.

Health Condition: Restrictions

Allergy: Treatment:

Medication:

Check ONE: 🔾 Given to Adult Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🔾 Child has medicine
to administer as directed on label. and will self medicate.

**Permission Notice:** By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.

(Parent's Signature) (Date)

Cost of trip $\_15 (camping) or $5 (backpacking) (circle one)

***Mr. Kelly was told to take money for trip from ISA before handing in this form. \_\_\_\_\_\_\_***

***Payment is included with this form;$\_\_\_\_\_\_\_\_\_***