

Troop 708 Permission Slip

Activity: Camp Chawanakee Summer Camp Trip

Date: August 8, 2010 – August 14, 2010

Departure Location: Park & Ride, Center Street next to 580

Departure time: Meet at 8:00 am

Cost: return lunch money plus trading post and merit badge money

Return Location: First Presbyterian Church, Castro Valley, Rear Parking Lot

Return: Saturday, August 14 between 3 pm and 4pm.

I, _____, give permission for my
son, _____, to attend the outing to
Camp Chawanakee Summer Camp Trip on August 8, 2010 – August 14, 2010 .

I hereby authorize (the Director of the Scouting Activity) as agent of the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general and special supervision or any physician or surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

Parents Name

Date

Parents Signature

Emergency Phone Number