

Troop 708 Permission Slip

Activity: Mount Diablo

Date: April 16, 2011 – April 17, 2011

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

Departure time: Meet at 8:45 am

Cost: \$25 including food

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

Return: Sunday, April 17 between 11am and 1pm

I, _____, give permission for my
son, _____, to attend the outing to
Mount Diablo Camp Out on April 16-17,2011.

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