

OUTDOOR ACTIVITY NOTICE & PERMISSION SLIP

TROOP 51 FRISCO, TX



PURPOSE: Lake Ray Roberts Campout
ACTIVITIES: Hiking and Geocaching
PERM. & PAY. DUE: **Sunday May 15, 2011**

LOCATION: Pilot Point, TX
FEE PER PERSON: \$25
FEE BREAKDOWN: Food, camp site fees and transportation

DEPARTURE

DATE: Fri, May 20, 2011
TIME: Arrive 5 PM; Depart 5:30 PM
LOCATION: FUMC

RETURN

DATE: Sun, May 22, 2011
TIME: 1:00 PM
LOCATION: FUMC

PRIMARY ADULT: Joey Lawley

SECONDARY ADULT: Ken Boydston

CONTACT INFO: (214) 564-2956

CONTACT INFO: (972) 983-6495

My Scout _____ has my permission _____ (parent/guardian) to participate in the Troop 51 planned activity.

I certify that my son is in good physical condition, and authorize the leaders to seek medical care for my son should it become necessary. To aid the leaders, should my son need over-the-counter medicines (Tylenol, Benadryl, Imodium AD, sunscreen &/or other topical medication et. al) I initial my authorization. (place initials here)_____.

To aid with emergency medical assistance which may become necessary, please list any known ALLERGIES, DRUG REACTIONS, RECENT ILLNESSES, CURRENT PRESCRIPTION DRUGS being taken and any other information which may help a medical professional. If none, please write "NONE."

Allergies/Drug Reactions _____

Recent Illnesses _____

Current Prescription Drugs _____

IN CASE OF EMERGENCY CONCERNING MY SON, PLEASE CONTACT

PRIMARY CONTACT _____ PHONE _____

RELATIONSHIP TO CHILD _____

ALTERNATE CONTACT _____ PHONE _____

RELATIONSHIP TO CHILD _____

SIGNATURE _____ DATE _____