

PARENT PERMISSION FOR ACTIVITIES

Activity: Overnight camping at Five Forks

Departure: Saturday, March 20, 2010	Time: 8:00 AM	Place: OLOL
Return: Sunday, March 21, 2010	Time: 10:00 AM	Place: Five Forks
	Time: 11:30 AM	Place: OLOL

Cost : \$15 (cash preferred)

Adults in charge: Tim Webb C:301-802-7119 / Andy Mullin C: 617-429-9930

Gear: See "Winter Camping (fixed site)" list on "Outings" page at bsatroup8.net website.

Cell phones are acceptable for communication with family regarding outing transportation, but not for use as a music, game, text or Facebook platform. Please leave other electronics at home.

Activity: Overnight Camping at Five Forks                      Date: March 20, 2010

I permit \_\_\_\_\_ to take part in the Troop 8 outing named above. He is in good health and able to participate in Troop activities.

Allergies \_\_\_\_\_.

Prescribed Medication \_\_\_\_\_.

Dosage \_\_\_\_\_.

Comments \_\_\_\_\_.

Contact Numbers \_\_\_\_\_.

I give permission for the adults in charge to administer any of the over-the-counter medications in the Troop First Aid Kit to my child if necessary. In case of emergency, I give permission for the adults in charge to arrange emergency attention, if needed.

I will:     Go on the Outing     Drive to the Outing     Drive back

Signature: \_\_\_\_\_    Date: \_\_\_\_\_    Payment: \$ \_\_\_\_\_