

Great Lakes Naval Base SCOUT PERMISSION SLIP

Complete one for every person attending

Name of person attending _____

| | | |
|----------------------|---------------------|------------|
| Meet at Church: | Friday February 24, | 5:30 PM |
| Leave from Church: | Friday February 24, | 6:00 PM |
| Pick-up from Church: | Sunday February 26, | 12:00 Noon |

Payment Method: Cost-----\$40.00

Paid by check# _____
 Debit from scout account
 Cash

Medical Information:

*All scouts must have their Class I and Class II medical forms on file with the troop.

Age of scout _____ Yes, my medical forms are on file
 No, my medical forms are not on file

Emergency Contact Information:

Phone #1: _____ Phone#2: _____
If I cannot be reached, please contact; _____ Phone: _____

I give permission to the leaders of the above unit, to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections or secure other medical treatment as needed. I further agree to hold the above unit and its leaders blameless for any accidents that might occur during the outing. As the parent or legal guardian of the above named person, I hereby give my permission for him to participate in this outing with Boy Scout Troop 26.

Signed: _____ Date: _____
Due: Monday February 13, 2012 or by email notification to dlenart903@comcast.net

Outing Leader: Tom Wachter (630) 483-7957

Outing Coordinator: Don Lenart (630) 965-6569

Great Lakes Naval Base SCOUTER PERMISSION SLIP

Complete one for every person attending

Name of person attending _____

Meet at Church: Friday February 24, 5:30 PM
Leave from Church: Friday February 24, 6:00 PM
Pick-up from Church: Sunday February 26, 12:00 Noon

Payment Method: Cost-----\$00.00

_____ Paid by check# _____
_____ Debit from scout account
_____ Cash

Medical Information:

*All scouts must have their Class I and Class II medical forms on file with the troop.

Age of scout _____ Yes, my medical forms are on file
_____ No, my medical forms are not on file

Emergency Contact Information:

Phone #1: _____ Phone#2: _____
If I cannot be reached, please contact; _____ Phone: _____

I give permission to the leaders of the above unit, to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections or secure other medical treatment as needed. I further agree to hold the above unit and its leaders blameless for any accidents that might occur during the outing. As the parent or legal guardian of the above named person, I hereby give my permission for him to participate in this outing with Boy Scout Troop 26.

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