

**BSA TROOP 454 PERMISSION SLIP**  
**FOLSOM LAKE HIKE APRIL 12<sup>th</sup> 2008**  
**Salmon Falls- Peninsula Point 10 MILE HIKE**

I hereby give my permission for \_\_\_\_\_ to go on a hike from Salmon Falls- Peninsula Point flat 10 mile hike around Folsom lake. Commencing at 8:00 AM on Saturday APRIL 12TH, 2008 and ending at 4:30 PM.

**MEDICAL CONSENT**

(I)(We), the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize **Troop 454** as agents for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

The authorization is given pursuant to provisions of section 25.8 of the Civil Code of California. Authorization shall remain effective through **Sept 10th, 2008** unless sooner revoked in writing.

(I)(We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my)(our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

The above-named boy has an allergic reaction to \_\_\_\_\_

**Permission slip due**  
**NO LATER THAN APRIL 7TH**  
**Bring to a troop meeting or deliver to Mary Brice 916-939-6780 or Bill Short**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance No or Military ID No.

\_\_\_\_\_  
Emergency Telephone No.

-----Tear off and return top portion with payment -----

**2008 Salmon Fall- Peninsula Point**

Meet Sat APRIL 12TH at 8:30 am – St Stephens. Bring a lunch, snacks and plenty of water for the day.

Pick up is at 4:30 pm– St Stephens Church

**EMERGENCY CONTACT NUMBER IS 916-799-5597 cell number**

**Refer to Scout Handbook for personal equipment requirements for hiking.**

The top portion of this form must be signed and returned by the deadline date shown above for your son to attend this function. This reservation obligates you for the cost of the trip whether or not your son participates.