

BSA TROOP 454 PERMISSION SLIP
CAMPOREE AT SCOUT HILL
APRIL 25TH - 27TH 2008

I hereby give my permission for _____ to go on a camping trip to Sly Park Scout Hill Camporee , commencing at 4:00 PM on Friday April 25th, 2008 and ending at 1:00 PM on Sunday, April 27, 2008.

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, 2009** 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 13TH
Bring to a troop meeting or deliver to Mary Brice 916-337-2268

Cost will be \$25.00 per person. This will cover camping, food and gas fees

___ Check enclosed ___ Debit Scout Account ___ Adult going who? _____

Signature of Parent/Guardian

Date

Insurance No or Military ID No.

Emergency Telephone No.

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

2008 Camporee at Scout Hill- Sly Park

Meet Friday, April 25th, at 4:00 pm – St Stephens Church

Pick up Sunday, April 27th, at 1:00 PM – St Stephens Church

Cost: \$25 per person

Bring: sack dinner for Friday night and money in case we stop for lunch on Sunday

Refer to Scout Handbook for personal equipment requirements for both camping and 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.