BSA TROOP 693

**PERMISSION SLIP and MEDICAL RELEASE FORM**

I hereby give my permission for Scout

to participate in the Troop 693 March Back packing trip. He will be under the supervision of the adult leader(s) named below. My son and I understand and agree to comply with the Troop policy for appropriate behavior, and I grant permission to the adult leaders to use their judgment and take appropriate action to ensure safety and order.

I hereby authorize any licensed physician and hospital to perform emergency procedures on my son, as they deem necessary to save life or limb. If my son has any special medical conditions or is taking any prescription medication(s) they are as follows (if none please indicate "NONE"):

I also hereby acknowledge that while Troop 693 does carry accident insurance, I may be entirely responsible to either provide medical insurance and/or to pay for any medical treatment provided. I also certify that my son has passed a BSA Class III physical exam within the last 12 months.

Medical Exam Expiration Date:

Parent's Signature: Date:

Home Phone: Cell Phone:

Emergency Contact: Phone:

Medical Insurance Policy Number

Doctor Name: Doctor’s Phone Number:

Adult Leader: Winson Varghese / David Choi

Destination: Spruce Grove Campground, Sierra Madre, CA 91024

Leaving From: Carmenita Middle School Date and Time: March 19, 2016 at 05.00 AM

Returning To: Carmenita Middle School Date and Time: March 20, 2016 at 2.00 PM

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

# TEAR OFF AND KEEP FOR REFERENCE

Adult Leader: Winson Varghese ( 562) 239 7608 / David Choi (213) 923- 0404

Contact person: <INSERT CONTACT IN TOWN WITH PHONE NUMBER> Please be on time for pick up.

Destination <INSERT NAME OF DESTINATION, CITY AND STATE>

Leaving From: Carmenita Middle School Date and Time: <INSERT DATE AND TIME LEAVING>

Returning To: Carmenita Middle School Date and Time:<INSERT DATE AND TIME RETURNING>