

BSA TROOP 693
PERMISSION SLIP and MEDICAL RELEASE FORM

I hereby give my permission for Scout _____
to participate in the Troop 693 trip to **Camporee**. 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: **Miki Cheng, Sharon Wang, Cynthia Dang**

Destination: **Firestone Scout Reservation, 19005 Tonner Rd. Canyon Rd., Brea CA 92821**

Leaving From: Carmenita Middle School Date and Time: **April 12, Friday, 3:00PM**

Returning To: Carmenita Middle School Date and Time: **April 14, Sunday, 1:00PM**

TEAR OFF AND KEEP FOR REFERENCE

Adult Leader: **Miki Cheng; Sharon Wang; Cynthia Dang**

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