BSA TROOP 693
PERMISSION SLIP and MEDICAL RELEASE FORM

I hereby give my permission for Scout [Name] to participate in the Troop 693 trip to WHITE WATER RAFTING. 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"):

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: PHIL WORKING

Destination: KERNVILLE, CA

Leaving From: Carmenita Middle School Date and Time: 05/17/2013 4:00PM

Returning To: Carmenita Middle School Date and Time: 05/19/2013 3:00PM

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TEAR OFF AND KEEP FOR REFERENCE

Adult Leader: PHIL WORKING

Contact Person: Vildana Jahic

Destination Kernville, Frandy Campground

Leaving From: Carmenita Middle School Date and Time: 05/17/2013 4:00pm

Returning To: Carmenita Middle School Date and Time: 05/19/2013 3:00pm