BSA TROOP 693 PERMISSION SLIP and MEDICAL RELEASE FORM

to participate in the Troop 693 trip to WHI adult leader(s) named below. My son an appropriate behavior, and I grant permissio action to ensure safety and order.	d I understand and a	agree to comply with the Troop policy for
I hereby authorize any licensed physician ardeem necessary to save life or limb. If prescription medication(s) they are as follo	my son has any sp	ecial medical conditions or is taking any
I also hereby acknowledge that while Troop to either provide medical insurance and/or son has passed a BSA Class III physical e	to pay for any medica	al treatment provided. I also certify that my
Medical Exam Expiration Date:		
Parent's Signature:		Date:
Home Phone:	Cell Phone:	
nergency 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
TEAR OFF A Adult Leader: PHIL WORKING	AND KEEP FOR R	EFERENCE
Contact Person: Vildana Jahic		
Destination Kernvill, 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