



BOY SCOUTS OF AMERICA

TROOP 118

Bethlehem Presbyterian Church

Cornwall, NY 12518

www.troop118.us

\$30.00

CASH PLEASE

TROOP 118

ACTIVITY PERMISSION SLIP

Scout's Name: _____

Activity: _____ December NYC Trip

Day, Date & Time Beginning: _____ Friday, December 9, 2011, 6:30 pm at Bethlehem Presbyterian Church Parking Lot

Day, Date & Time Ending: _____ Sunday, December 11, 2011, afternoon at Bethlehem Presbyterian Church Parking Lot

As the parent /guardian of (Scout's name) _____ I give permission for my son to attend the above named activity to be conducted under the supervision of Scoutmaster, Ronald S. Jurain and/or his registered Assistants. Furthermore, and in the event that my child should become ill, injured, or the victim of any accident during the course of said function, which would require medical/surgical treatment, emergency or otherwise, I request that you notify me by telephone at the following number: () _____.

However, should the Scoutmaster or his Assistants be unable to contact me by phone, this document shall serve as full authorization to obtain such required medical or surgical treatment, and exhibiting this document to an attending physician and/or surgeon shall constitute his authority to proceed with medical and/or surgical procedures.

(Parent's Signature): _____ (Date Signed): _____

Please Note: Sometimes Scouts will be needed for additional help either before or after the event (For example: to help get equipment ready or put it away). If your son has been assigned an extra duty, please familiarize yourself with what is expected of him, and help to see that he fulfills his responsibility. Your co-operation is greatly appreciated. (If the bottom line has been left blank, then no extra duty has been assigned this time),

Your son has been assigned the additional duty of: _____