



**BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



Activity: Max Knight's Eagle Project

Location: Darlington Elementary School, 2119 Shuresville Rd., Darlington

Departing Location: N/A Date: Thur. June 26th, 2008 Time: 10:00am- 4:00pm

Returning Location: N/A Date: Fri. June 27th, 2008 Time: 4:00pm- 9:00pm

Adult Leaders: Ron Querns Ken Collins Gene Gall other leaders

Notes: Bring work gloves and a round or flat shovel if available. All scouts will be dropped off and picked up at the work site.

Activity cost is: \$ N/A per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by:

THURSDAY, JUNE 26, 2008

Check Troop website (www.troop965.org) for any late-breaking news.

Detach here, return lower section, and keep above handy for reference.



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I hereby give permission for _____ to attend the Scout activity on Thur, June 26th, 2008 from 10:00am to 4:00pm and on Fri, June 27th, 2008 from 4:00pm to 9:00 pm at Darlington Elementary School.

PERMISSION SLIP MUST BE TURNED IN BY JUNE 26, 2008

IN CASE OF EMERGENCY, I understand that reasonable effort will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child. I also understand that I am financially responsible for all medical treatment rendered.

Health Insurance Co: _____ Policy Number: _____

During this Scout activity, I can be reached at _____ Phone: _____

An alternate (who will accept collect calls) is: _____ at _____,

Phone: _____

Please list (on back) any medical condition, which should be made know to the adult leaders in charge or to medical personnel in attendance in the event of an emergency treatment. If your child is required to take medication during this activity, please note on back and discuss this with the group leader.

Signed by Parent or Legal Guardian: _____

Date: _____