



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



Activity: Troop 965 Advancement Day
Location: Susquehanna State Park Picnic Area

Departing Location: Picnic area parking lot **Date:** Sunday, Aug 26, 2007 **Time:** 1pm
Returning Location: Picnic area parking lot **Date:** Sunday, Aug 26, 2007 **Time:** 4pm

Adult Leaders: John Dowdy Susan Beatty Cindy Majewski Ken Collins Other Leaders
Notes: Wear Class "C" uniform, bring Scout Handbook and any materials needed for advancement.
Activity cost is: \$ N/A per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **SUNDAY, AUGUST 26, 2007 - AND NO LATER**

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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ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



I hereby give permission for _____ to attend the Scout activity from Sunday, Aug 26, 2007 at 1pm to Sunday, Aug 26 2007 at 4PM at Susquehanna State Park picnic area

PERMISSION SLIP MUST BE TURNED IN BY AUGUST 26, 2007 - NO EXCEPTIONS!

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:** _____

I can provide transportation: Going – yes / no Returning – yes / no

Passenger capacity with seat belts (excluding driver): _____ .