Nippersink Creek Canoe and Camp Outing
September 20 - 22, 2002
Spring Grove, Illinois
B. S. A. TROOP 23
PERMISSION SLIP

My son, _____, has permission to participate in the Nippersink Creek Canoe and Camp Outing on Sept 20-22, 2002. I am familiar with the details of this activity. I will be certain that he does not go if he is not in good physical condition and good health. In consideration of the services donated by others, I will hold free from all liability, in case of accident or illness, Boy Scout Troop #23, Mt. Prospect, Illinois. I further understand and agree that any serious infraction (s) of camp or troop rules by my son could result in his dismissal from the aforementioned activity. Return transportation under such circumstances will be my responsibility. During this activity I can be reached at:

Name	Location	Phone Number	Alternate Phone Number
Emergency Contact	Relationship	Phone Number	Alternate Phone Number

Date: _____ **Signed (X)** _____

Will a parent be attending the campout? Yes No Parent Name _____

If attending, can you drive? Yes No Number of Belts _____

If Driving, do you have a CB? Yes No Cellular Phone _____

If you would like to leave early, what time could you leave at? _____

Parent or Guardian

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship: _____

Date or dates when release is intended: **Sept 20 - 22, 2002.**

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed (X): _____

Parent or Guardian

Address: _____ Phone: _____

Family Physician: _____Phone: _____

List any specific medical allergies, chronic illnesses, current medication or other conditions: _____