

**!!!! PLEASE PICK UP YOUR SCOUT ON TIME !!!!**



**BSA TROOP 380  
PARENT / GUARDIAN PERMISSION**

**- Aquatic's Day -**

Scouts will be leaving on: March 29, 2010 8:30 A.M.  
Scouts will be leaving from: Please meet at CSUS Aquatic Center  
Scouts will be returning on: March 29<sup>th</sup> 3:00 P.M.  
Scouts will be returning to: Please pickup your scout at the Center

The bottom portion of this form must be signed and returned by the deadline shown below for your scout to attend this function.  
This reservation obligates you for the cost of the trip whether or not your scout participates.

In case you must contact your scout during this trip, **EMERGENCY ONLY**, please call: Floyd Brown 208-0130

The cost of this trip is: \$20.00 Please bring swim suit, towel, sunscreen, sunglasses with retainer and shoes to get wet  
Please bring lunch and water for the day

*(FOR THE PARENT OR GUARDIAN TO TEAR OFF AND KEEP)*

**- PERMISSION SLIP -**

(I) (We) hereby give my permission for \_\_\_\_\_ to go on a field trip  
to: CSUS Aquatic Center - Hazel Ave and Nimbus Dam, on March 29, 2010.  
We will leave at: Please bring your scout to the Aquatic Center, time: 8:30 A.M.

(I) (We) will drive: **YES** \_\_\_\_\_, **NO** \_\_\_\_\_, Number of seat belts: \_\_\_\_\_.

**- MEDICAL CONSENT -**

(I) (We), the undersigned, parent/guardian of \_\_\_\_\_, a minor, do hereby authorize the TROOP ADULT LEADERSHIP as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California. Authorization shall remain effective until \_\_\_\_\_ unless sooner revoked.

(I) (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

The above named minor has an allergic reaction to: \_\_\_\_\_

The above named minor is taking medication for: \_\_\_\_\_

*Return Deadline*

*Signature of Parent/Guardian and Date*

*Insurance Policy No. or Military ID Card No.*

*Emergency Telephone Number*