-1!!!!! PLEASE PICK UP YOUR SCOUT ON TIME !!!!!

BSA TROOP 380

PARENT / GUARDIAN INFORMATION

- New Skills Camp Out -

New Scouts

Scouts will be arriving on: _____**March 20, 2010 at 8:00 AM**
Scouts will be arriving at: _____**Camp Pollock**
Scouts will be picked up on: ___**March 21, 2010 at 11:00 AM**
Scouts will be picked up at: ____**Camp Pollock**

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, please call: **Michael Kuykendall 916 - 488 - 7511**
The estimated cost of this trip is _____**$ 12.00** _____

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: _____**New Skills Camp Out**_____ , on **March 20, 2010.**
We will arrive at: ___**Camp Pollock**_____ , time: __**8:00 AM**_____.

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 ____**March 21, 2010**_____ 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: _____

_____
Signature of Parent/Guardian

_____
Insurance Policy No. or Military ID Card No.

_____
Emergency Telephone Number

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