



Powder Horn 2017 - PERMISSION SLIP

TRAVEL IN UNIFORM REQUIRED.

My son/daughter _____ has permission to participate in the Powder Horn 2017 course

He/she is in good physical condition and has not had any serious illness or operation since his/her last health examination.

I may be reached at:

ADDRESS _____ TELEPHONE _____ CELLPHONE _____

The following person can act in my behalf if I am not able to be contacted.

NAME _____ ADDRESS _____ TELEPHONE _____

SPECIAL HEALTH CONSIDERATIONS (allergies etc): _____

INSTRUCTIONS FOR MEDICATIONS: _____

My/our son/daughter has reviewed his/her equipment checklist in his/her Scout Handbook and course description, and I/we are satisfied that he/she will be properly dressed and equipped for this activity. I/we understand that all Scouting activities are conducted in the spirit of the Scout Oath & Law. Any Scout who, in the opinion of the course director or staff, does not live up to these principles may be required to call his/her parents and have them bring him/her home.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son/daughter on this activity, I hereby agree to his/her participation and waive all claims against the leader of this course and staff, agents, and representatives of the Boy Scouts of America. In the event of an emergency and I / we cannot be contacted, I give permission for emergency treatment by qualified medical personnel.

(Signature of Parent or Guardian)

(Date)