

TROOP 392 OVERNIGHTER PERMISSION SLIP

Return to Morgan Wagner (847)310-9717

morganwagner@itascaautobody.com

OR

Ray Einig (847)-997-3112

_____ has my permission to go with Troop 392 on February 12, 2010 to February 13, 2010 6:00 PM -6:00 AM to Life Time Fitness of Schaumburg, IL. I hold free from liability and voluntarily waive claim in case of accident or illness, the Boy Scouts of America, the Northwest Suburban Council of Boy Scouts, Troop 392, leaders and parents of Troop 392 and our chartering institution - Our Saviour's United Methodist Church. I am familiar with the details of the activity and have provided my son with necessary funds and equipment. I will be sure that he does not attend if he is not in good physical condition on the day of the outing. He may have emergency medical treatment without my personal contact at my expense, should he become ill or injured on the outing.

During the activity, I can be reached at:

Home Phone: _____ Work Phone: _____

Cell Phone: _____

If I Cannot Be Reached, Please Contact:

Name: _____ Address/City: _____ Phone: _____

Family Physician: _____ Phone: _____

Is The Minor Taking Medication? Yes No Medication: _____

Allergies? Yes / No If Yes, To What: _____

Parent/Guardian's Name: _____ Relationship To Boy Scout: _____

Date: _____ Parent Signature: _____

Date: _____ Scouts Signature _____

SCOUT: I will use my scout acct to pay for this event. YES NO

Scout Signature _____

Troop Use Only

No. _____ Copy: _____ (Ex. "Troop", "Scout")