



# TROOP 542 – 2006-2007 SCOUTING YEAR



PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITIES  
(Applies to all youth participants under the age of 18)

Scout (print name): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

The above named Scout has my permission to participate in the following activities:

- ★ Sep 15-17: Camp Meriwether & Golf Tournament
- ★ Oct 20-22: Butte Creek - Webelos Woods
- ★ Nov 17-19: Camp Baldwin – Cooking Competition
- ★ Dec 1 or 2: Bullwinkle’s Fun Center
- ★ Jan 21-22: Winter Lodge Camping
- ★ Feb 16-18: Camp Lewis
- ★ Mar 16-18: Silver Creek Falls Camping
- ★ Apr 15: Butte Creek – Day Horse Ride
- ★ Apr 20-22: Oxbow Park – Pre-Camporee
- ★ May 18-20: Camporee
- ★ Jun 9-10: Eagle Creek Camping & Hike
- ★ Aug 10-12: Barlow Trail Hike & Camping

I approve of the leaders who will be in charge of these activities. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activities described above. My son and I understand the Scout Oath and Law are the basis for appropriate and safe behavior at any Troop outing or function. If at any time during a Troop outing the Adult Leaders of Troop 542 deem my son’s behavior inappropriate or unsafe, I will be responsible for his transportation home from the outing. I agree to provide a phone number where I may be reached, or designate a responsible relative or adult to transport my son home should the need ever arise.

### AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize the adult leaders of Troop 542 or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, chiropractic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is en-route to or from or participating in the above activities.

### IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

I agree to inform Troop 542 in writing any changes of my emergency contact information prior to a scheduled outing.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

This form is to be retained by the tour leader while on the outing.