

Dear Scout:

If you are a Troop 212 Junior Leader, you are entitled to join in on the special Weekend Planning session to design next year's program. During this time we will select all the events and other program features that effects your troop. We will be meeting at Camp Will J Reid in Long Beach at 7:00 PM, Friday November 20. We will be using the Main lodge, which lets us take advantage of their indoor kitchen. Scouts will have the option of sleeping tents, if the bring their own, or in the Lodge. This is a full uniform weekend, except for the Saturday evening events which will be bowling. On Friday evening we will be collecting this permission form and \$15.00 per person to cover the cost of the meals prepared while at the lodge. While on this outing, each person needs to bring additional pocket money for other event noted above. If you have any questions contact the Senior Patrol Leader or the Scoutmaster. Most importantly, bring your good program ideas and dates to remember, with you! We plan on being ready for pick up/departure from Will J. Reid by about 12:00 Noon Sunday....Parents should check Trip Hotline. The number is 310-816-3510.

.....CUT..... CUT.....

PARENT RELEASE

I hereby make application for Scout: _____ of B.S.A. Troop #212 for a place in the camp, trip, or cruise, as described below. Said member is to be amendable to such rules and regulations as may be made by the Executive Board or its representative.

It is expressly understood by the parents or guardian that the member for whom this application is made is in a condition of health that warrants his taking part in this event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing. (See authorization below.)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), undersigned parent(s) of _____ a minor, do hereby authorize the Scoutmaster or his authorized representative 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 or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed 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, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgement may deem advisable.

This authorization shall remain effective for the date of the event given below.

TROOP #212 EVENT

PLACE: Junior Leader Planning Weekend at Will J. Reid Camp.

DATES: Friday, Nov 20th thru Sunday, the 22nd

MEETING TIME & PLACE: Will J. Reid parking Lot Friday evening 7:00 PM

RETURN TIME & PLACE: Same Parking Lot on Sunday at about 12:00 Noon

MODE OF TRANSPORTATION: Troop Vans, Cars and Pick Up Trucks

EMERGENCY PHONE NUMBER WHERE PARENT MAY BE CONTACTED: _____

PRIVATE INSURANCE CARRIER: _____ POLICY: # _____

SPECIAL MEDICATIONS: _____ BLOOD TYPE: _____

- PLEASE NOTE:
- (1) ANY ALLERGIES TO FOOD, MEDICINE, ANIMAL, PLANT OR INSECT TOXINS, ETC.? PLEASE EXPLAIN ON BACK OF FORM.
 - (2) ANY RESTRICTION OF ACTIVITIES FOR MEDICAL, REASONS? PLEASE EXPLAIN ON BACK OF THIS FORM.
 - (3) ANY ADDITIONAL MEDICAL INFORMATION THE ADULT TROOP LEADERS SHOULD KNOW ABOUT MUST BE DETAILED ON THE BACK OF THIS FORM.
 - (4) PLEASE BRING LUNCH MONEY, AS WE MAY STOP ON THE WAY HOME.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____