PERMISSION SLIP & MONEY MUST BE RECEIVED BY 12/8/14

Permission Slip

As the pare	nt or legal guardian of			, I hereby give my permission for this
		ing event listed below with T	roop 108.	
Event	Shrine Bowl		Activity type	Service
Location	Woffod College - Spa	artanburg SC		
Departure	Saturday, 12/20/14 at 7:00am from Unity Hall (Troop Meeting place)			
Return	Saturday, 12/20/14 at approximately 8:00pm - Scouts will call when we get close			
Cost	\$5.00 for Gas. Scouts will also need money for breakfast at the Pesach Blosson, dinner at the Becon. Snacks as we			
* The leaders of Troop 108 respectfully ask that you be on time to the designated drop off location and return location. These Leaders spend a great amount of time and effort for the Troop and appreciate this courtesy.				
involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities are entirely voluntary and requires all participants to abide by all applicable rules and standards of conduct. I release the Boys Scouts of America, the local Council, activity coordinators, all employees, volunteers, related parties or other organizations associated with this activity from any and all claims or liability arising out of this participation. I approve the sharing of information on this form with Boy Scouts of America volunteers who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.				
In case of an emergency involving myself or my child, I understand that every effort will be made to contact the individual listed as the emergency contact on this form. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me or my child. Medical providers are authorized to disclose the adult leader in charge examination findings, test results and treatment provided for the purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or legal guardian, and / or determination of the participant's ability to continue in the program activities.				
Please list any medications and frequency of use this participant will be taking on this activity				
N	ledicine name	Frequency of use		itional information we may need
	Exceptions will be mergency, I can be re-		ns, etc as required and a	pproved by the Troop.
If I cannot l	oe reached, please cor	itact	at	
Signed:			Date	:

(Parent or Legal Guardian)