

**PARENTS KEEP THIS PORTION**

**EVENT: Backpack overnight**

**WHERE:** Deschutes River Trail

**WHEN:** Feb. 27 - 28, 2010

**MEET AT ST. MATTHEW:** 8:00 a.m.

**DRIVERS' SITE PICKUP TIME:** Approx. 1:30 p.m. Vehicles depart only when cleared by the SPL, and the Scoutmaster (or adult leader in charge).

**RETURN to ST. MATTHEW approx. time:** 3:30 p.m. Sun. (All scouts will be delivered to St. Matthew for pickup, unless previous arrangements have been made with parents and the activity leader.)

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**TROOP 124 PERMISSION SLIP - DUE ON OR BEFORE**

**Feb. 15**

**PARENT PERMISSION / MEDICAL RELEASE FORM**

\_\_\_\_\_ has my permission to participate in this outing.  
(name)

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

\_\_\_\_\_ parent / guardian signature

\_\_\_\_\_ date

\_\_\_\_\_ home phone

\_\_\_\_\_ other phone

The troop has permission to post images which may include myself and/or my son on the troop web site.

\_\_\_ YES \_\_\_ NO

Special information leaders need to know \_\_\_ yes ( allergies, medical, special arrangements, etc. - please write on back of sheet)

**This permission slip must be signed by a parent or legal guardian and returned at a troop meeting with \$7 per participant to the ASPL of Outdoor Program**

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**Parent information - fill in this section**

**Backpack - Deschutes River Trail, Feb. 27 - 28, 2010**

\_\_\_ I will be attending this outing.

***Transportation:***

\_\_\_ I WILL DRIVE: \_\_\_ to destination \_\_\_ from destination \_\_\_ both \_\_\_ as needed

\_\_\_ I CAN BE AN ALTERNATE DRIVER  
\_\_\_ to destination \_\_\_ from destination \_\_\_ both

**ALL DRIVERS:**

Type of vehicle \_\_\_\_\_

I can carry \_\_\_ scouts and \_\_\_ packs Number of seat belts in vehicle: \_\_\_\_\_

I have turned in the necessary insurance information \_\_\_ yes \_\_\_ no

\_\_\_\_\_ parent name

\_\_\_\_\_ home phone

\_\_\_\_\_ e mail

\_\_\_\_\_ driver's cell phone

\_\_\_ I CANNOT DRIVE THIS TIME