

Troop 123 Seattle

Summer Camp 2010 Sign-up and Information

Dates: July 24th – July 31st, 2010

Location: Camp Meriwether, OR

Cost: Pre-paid plus \$15 for gas, \$15 for food, and brown-bag or money for Saturday 7/24 lunch. See e-mail for other financial information

Leaving From: Whitman School **Time:** 10:00 am

Returning: Will be returned home or pick up at Mark's house (we will call you with arrival time, mid-afternoon)

Bring: See packing list on email

Medical Records: All Forms A, B and C needed for this event

Person in Charge: Scott Reed, 206-595-8666, Norm Partington 206-920-9747, Mark Steelquist 206-459-7220

Scout in Charge: Simon George

Emergency Contact: Portland Service Center at 503-226-3423

-----Parents please keep top portion-----

Troop 123 Seattle

Parent or Guardian Approval and Consent for Summer Camp 2010

I am the parent or guardian of (Scout's name): _____ is planning on attending this event.

I approve of the adult leaders in charge of this Scouting event. I certify that to the best of my knowledge, my Scout is physically fit to engage in the activity described above. If at any time during a Troop 123 event, the adult Leaders of Troop 123 deem my Scouts behavior inappropriate or unsafe, I will be responsible for my Scouts transportation home from the event. I agree to provide a phone number where I may be reached, and to designate a responsible adult to transport my Scout home should the need ever arise.

AUTHORIZATION AND CONSENT TO TREAT A MINOR

I hereby authorize the adult Leaders of Troop 123, or such adult substitute as they may designate, to consent to any x-ray, examination, anesthetic, chiropractic, medical or surgical diagnosis and/or treatment and/or hospital care for my Scout which may be 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 my Scout is en-route to or from, or participating in this Scouting event.

Dated July ____, 2010

(Signature above. Print name below)

Relationship: _____

Phone Number: _____

_____ Initial here if Medical Records are up to date

Complete info below if any changes:

Medical Insurance Provider _____

Policy Card Number: _____

Primary Physician: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Phone Number: _____

Alternate Contact:

Name: _____

Phone Number: _____